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AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

JULY, 1877.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

A CASE OF VAGINISMUS TRACED TO SPASMODIC TURGESCECE OF THE CLITORIS.

BY JAMES R. CHADWICK, M. D.

February 25, 1876. Mrs. E. R., twenty-nine years of age; has been married ten years; has had one child and two miscarriages, the last of these having occurred accidentally one year ago. The catamenia, which formerly lasted three days, have recently become scant, and last but one day.

The patient is very stout, being only four feet eleven inches in height, and weighing two hundred pounds. She runs a machine for the sewing of carpet and cloth slippers, which is propelled by steam power. Until steam was introduced, she suffered constantly from "womb troubles."

She seeks relief from frequent micturition, and more especially from spasmodic pains that start at the vulva and run into the cavity of the pelvis. Of late these have commenced almost every evening between seven and twelve o'clock, and have persisted with scarcely any intermission until four in the morning. They have occasionally occurred during the day. They have sometimes been excited by coition, sometimes by

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micturition, and often start spontaneously. The suffering is very intense, entirely banishing sleep.

On examination the uterus was found to be in normal position, to be slightly elongated, to have a tender fundus and a congested cervix. There was no tenderness of the urethra or bladder. Tinct. hyoscyami, thirty drops, was prescribed three times a day, to allay vesical irritability. Coition, which had been practiced every night for several months, was interdicted oftener than once a week.

March 20. Micturition less frequent, but the other symptoms unrelieved. A careful visual examination was made to discover any excoriation, hypertrophied papillæ, or even injected spot which might give rise to the symptoms by reflex action, since the patient complains of a sore spot. Nothing, however, was found until I touched the point of the clitoris, which of course I had at first designedly avoided. She immediately exclaimed at the tenderness, while my attention was drawn to the instantaneous contraction of the introitus vaginæ. Seeking to explain this latter phenomenon, I found it was due to the sudden turgescence of the bulbs of the clitoris, which, as is well known, lie along the lower margins of the ischio-pubic rami. Contrary to my expectation, there was no contraction of the sphincter vaginæ. The sensation to the patient was decidedly painful, and precisely the same as the first pains felt at each of the spasmodic attacks. She said at once, "that is the way my attacks begin." Subsequently the spasmodic pains were said to be felt throughout the vagina, running up into the abdomen.

Having recently had very satisfactory experience with the use of bromide of potash, to allay erotic sensations in cases of masturbation among women, I prescribed ten grains to be taken when the attack commenced, and the cold vaginal douche twice daily.

March 24. The patient reported having had a very severe attack, during which, in the course of five hours, she had taken seven doses of the bromide without relief. I ordered fifteen grains to be taken three times a day regularly.

July 14. The patient returns to report entire relief from the distressing pains having ensued after two days, during which the bromide of potash had been taken as ordered. They have not since recurred. The frequent micturition, of which complaint is again made, seems to be due to the pressure of the congested uterus upon the bladder. A touch upon the tip of the clitoris still induces turgescence of the bulbs, but is no longer accompanied with pain.

I report this case, because I can find no other on record in which such spasmodic pains have been traced to the clitoris as their starting-point. The tenderness of the apex of the clitoris was not so great, nor the momentary spasm so severe, as to indicate so distinct a reflex character as is usually found in vaginismus.

In ordinary vaginismus the spasmodic contraction of the muscular walls of the vagina follows immediately upon the local irritation produced by the finger, speculum, male organ, etc., and persists only a short time after the source of the irritation is removed. In my patient, the peripheral origin of the spasms seemed less manifest. The attacks came on with darting pains clearly connected with spasmodic erections of the clitoris; these gradually increased in intensity until the whole vaginal tract, and, for all I know, the uterus and fallopian tubes, participated in the spasmodic action. They were sometimes excited by local irritation (micturition or coition), and often occurred idiopathically. They always persisted for hours.

Notwithstanding the prominence I have given to the above divergencies from the ordinary type of vaginismus, I still assume that the excessive venery to which my patient had been addicted for several months was the origin of the neurosis as well as of the uterine congestion.

The relief derived was distinctly attributable to the bromide of potash *in the continued doses*. She was no better for several weeks during which sexual intercourse had been reduced to reasonable limits, and the medicine was taken only at the commencement of and during the attacks. This result tallies

perfectly with my experience of this drug for the purpose of diminishing or even completely banishing erotic sensations, while the habit of self-abuse in women is broken up.

It will be remarked that I have assumed the spasmodic contractions of the vaginal walls, never having seen the patient during an attack. I believe this to be justified by the data on which the diagnosis has been based, although I consider the disease to have its seat in the nerves. This assumption only establishes an analogy between this case and cases of facial neuralgia accompanied with twitching of one or another of the facial muscles that is under the influence of the nerve affected. This view brings the disease into the class of vaginal neuralgias imperfectly described by Vidal de Cassis, Simpson and others. I have preferred, however, to retain the title *vaginismus*, for the purpose of associating the case with the most common manifestations of the disease.

Finally, it must always be borne in mind that painful coition is not, in most instances, *vaginismus*; hence, the term *dyspareunia*, recently proposed by Dr. Barnes, must obtain a footing in our nosology, unless a better one be proposed.

BOSTON, MASS.

A SIGN OF EARLY PREGNANCY.

BY EUGENE C. GEHRUNG, M. D.

The diagnosis of early pregnancy is beset with such great difficulties, that any addition to its signs should find a ready welcome. Part of the value of the sign I shall describe is lost, however, in so far that it is especially useful to the gynecologist only. The latter is often imposed upon by unscrupulous women who, on account of their unwillingness to raise children or to undergo the unpleasantness of a pregnancy, and under the pretext of some disease of the womb, would

have him produce abortion unknowingly; for which, if successful, he would certainly not receive her thanks, but could be sure to earn all the blame possible for his carelessness and ridicule for his ignorance. It is easier to criticise than to avoid such mishaps. The history of these cases is often made up in a very deceptive manner.

Besides this not uncommon class of cases, there is another consisting of women who, suffering actually from disease of the generative organs, are ignorant of their pregnant state; and who, by giving a history of their ailments that would leave the possibility, at least the probability, of a pregnancy out of the question, may place their attendant in a very unpleasant position by the results of his treatment, which, though unavoidable with the present means of diagnosis at his disposal, would still subject him to the severest censure from the patient, the public, and the profession.

In the absence of any distinct signs of pregnancy, particularly when the history of the case appears good and other symptoms correspond with it, the practitioner is very apt to use the uterine sound or probe for further information, diagnosis or treatment. It is at this stage where the benefit of the sign presently to be described becomes apparent.

Several years ago, when my attention was first attracted by this sign, and its meaning not being fully understood, I disregarded it to my great sorrow and mortification. Since then I have met with a limited number of cases in which I escaped a similar annoyance by honoring this sign with the regard due it, and by endeavoring to err rather on the safe side. These latter cases either went to full term, or were terminated to my knowledge by somebody else, who earned the merited or unmerited reproach, as the case may be.

If a sound or probe be introduced into a healthy womb in the direction of its axis, previously defined by the usual methods, the sensation communicated to the hand through the sound when touching the fundus, is that of touching a moderately solid object, much resembling that produced in touching the roof of the mouth with the same instrument. If

an ovum of any size be present, circumstances are changed. The sound will proceed with equal ease to and through the internal os, but as soon as the ovum is touched the sensation communicated to the hand is like that felt in pushing the sound against a bladder filled with fluid, that is a gradually increasing resistance; in addition to which, according to the size of the ovum or the amount of pressure exercised, the sound will be driven back when loosely held with a greater or lesser amount of force communicated to it by the tendency of the ovum to resume its former globular shape. In other words, the sound meets with an exceedingly elastic body beyond the os internum instead of the solid uterine walls. If, at the same time, the sound enters beyond the normal distance, the probability of pregnancy—a further advanced pregnancy—is still greater. It is evident that whenever there is the slightest suspicion of pregnancy, the introduction of the sound should be made very gently; and as this entails no appreciable loss of time or extra trouble, this precaution may be used in every first examination with that instrument; or rather should always be used, as patients may, and frequently do, get pregnant while under treatment.

This symptom, when present alone, is not positive evidence that pregnancy exists, nor when absent, negative; because there are a number of other conditions which give a similar result. On the other hand, it is a well known fact that the ovum, in the earlier periods of pregnancy, is only attached to a greater or lesser part of the interior of the womb, and consequently the sound may slip by it without producing that particular effect; yet when found it should caution the operator, and make him reconsider the case carefully before proceeding further.

Differentiation is necessary only between products of conception on the one hand, and certain pathological conditions on the other. These latter are:

Uterine flexions,	Retained placenta,
Uterine polypi,	Retained blood-clot, and
Carcinoma of the body of the womb.	

By bending the sound in correspondence with the previously ascertained morbid shape of the uterine cavity, the possibility of *uterine flexion* producing this sign is avoided.

The *polypi* capable of leading into error are those hidden in the uterine cavity, the differentiation of which may not always be easy. My experience has, on account of the rarity of these cases, been so limited that I can not draw rules therefrom. I may, however, give the following points as probable differential signs:

POLYPUS.

1. Probably a history of previous hemorrhages.
2. Metrorrhagia.
3. Os generally dilated.
4. Other signs of pregnancy absent.
5. Touch of sound causes hemorrhage.
6. Not very elastic.
7. Patient's health generally suffers.

PREGNANCY.

1. Not probably so.
2. Menorrhagia or amenorrhoea.
3. Generally not dilated.
4. Generally present.
5. Does not.
6. Very elastic.
7. May be in perfect health.

Time will decide.

Retained placenta may be distinguished by a history of recent parturition or miscarriage, by being generally accompanied by fetid discharges and hemorrhages; the os generally dilated; inferior degree of elasticity.

Retained blood-clot, much the same as retained placenta, and its frequent connection with polypi, cancer, etc.

If *carcinoma* is sufficiently developed to give rise to this sign, it will pretty surely show other signs characteristic of that disease.

So far as I am aware, this symptom has not heretofore been pointed out. If we could collect the statistics of the frequency of the occurrence of this afore-mentioned mistake, even from the practice of the best and leading gynecologists, we would have a startling array of figures; and then the merits of this sign, however little may be its intrinsic value, would certainly not be undervalued.

By this method pregnancy can be detected at an earlier period, and with more certainty, than by that of detecting fluctuations through the uterine wall by conjoint manipula-

tion, and I believe with no more danger to the ovum than by the latter, if practiced with care, a smooth sound, and gentle touch. So harmless does it appear to be, if managed with proper care, that I think it possible that in the future it may be recognized in extraordinary cases as a legitimate mode of examination by the expert, when a correct and early diagnosis is of great import, as in suspected tubal or extra-uterine pregnancy, etc., when other modes of examination fail to establish a correct diagnosis.

I hope to be excused for this transgression from the originally intended limit of this paper, which was simply to offer this sign as a means of self-protection and as a timely warning to the gynecologist, against an otherwise unavoidable mistake.

Caution can never be repeated too often, therefore I venture to summarize my propositions: I wish to be plainly understood that I do not advise the use of the sound, much less its indiscriminate use, except in a few very rare cases, and then only by the expert, in which almost any means would be justifiable to arrive at a positive diagnosis. On the other hand, that where the probe or sound would otherwise be used negligently or roughly, I advise to use it sparingly and with the greatest caution; and if used, to profit by whatever useful information it may convey. In this way, and only in this way, do I wish this paper to be understood.

ST. LOUIS, MO.

[We hope our readers will ponder the caution more than once expressed by the author of the above paper. For our own part we feel constrained to say that, while not prepared to assert that there can never be a case of suspected pregnancy in which diagnosis with the uterine sound in skilled hands might be permitted, yet the common voice of all obstetric teachers, indeed of the profession, has been and most probably will continue to be that this instrument must not be used on any pretext in case of possible pregnancy.—*Editors of American Practitioner.*]

THE BEST OPHTHALMOSCOPE.

BY W. CHEATHAM, M. D.

We find oculists, even at this date, using and advising their students—men who expect to make a specialty of diseases of the eye—to buy the “vest pocket ophthalmoscope.” When an eye is emmetropic, or in one in which the hypermetropia does not exceed the accommodation of the examiner's eye, such instruments can be used. Men that use them say, we examine ametropic patients by the indirect method. There are diseases of the fundus of the eye, in which the changes are so very small it is impossible to see them by the indirect method.

One of the grandest features of the Loring and kindred ophthalmoscopes is, that it renders the measurement of errors of refraction easy without the use of mydriatics. You take the class of people that are troubled with their eyes most, and you will find them so situated that it is in some a great inconvenience, and in others an utter impossibility, to lose three or four days, and frequently from two to three weeks, by the use of mydriatics.

In simple hypermetropia, up to a certain degree, I have been accustomed to use mydriatics only for the purpose of assisting me in my prognosis. Now I find the amount of manifest hypermetropia by use of the glasses, and can tell the total with my ophthalmoscope. I generally order glasses represented by the degree of manifest hypermetropia, and tell them (knowing the total) that they will after awhile need stronger ones, and will be compelled to increase the strength of their glasses until they get one representing the total hypermetropia. Unless you are able to tell them this, when the time comes to increase the strength of their glasses, they will fall into the old error—and, I am sorry to say, one not yet corrected in the minds of a great many learned people—“that if you commence the use of glasses while young, you

will gradually have to increase their strength till none will do you any good, and finally lead to total blindness."

Some one may ask, suppose, as in some cases of hypermetropia, the vision is not perfect, how will you decide whether or not it is complicated with astigmatism, which can not be corrected while the accommodation is not paralyzed? That I can also decide with my Loring ophthalmoscope, for with it you can tell very slight differences between the meridians.

I will cite a few cases in which I think it would have been impossible to have made a true diagnosis without a Loring or some similar ophthalmoscope. While examining the eyes of students in New York for Dr. C. R. Agnew, I came across many such instances. Some I remember, on placing them before my test-letters, could only read large A at the distance of ten feet, when a normal eye could see it at two hundred feet. On putting near-sighted glasses before their eyes, they could read No. 20 at twenty feet, which represents normal vision. On looking with my ophthalmoscope into their eyes, I found I could see the fundus of some such eyes best with no glass, and some even with a hypermetropic glass. How is this explained? They had, by close application and constant study, gotten up a spasm of their muscle of accommodation, which, when in the lighted room, gave them an apparent myopia or near-sightedness. Some of them had been ordered and were wearing near-sighted glasses, by the advice of oculists. Can any one imagine the result of such an oversight in an oculist? Such cases are the ones in which we are compelled to depend on mydriatics for cure. The diagnosis in such cases can not be made without the ophthalmoscope, for we can not without it any more tell when the accommodation is paralyzed, than we could at first tell it was a spasm of the ciliary muscle.

Again: A student of the University Medical College came to me, telling me that he was near-sighted, and that he had been wearing near-sighted glasses ordered by Professor —, of Ann Arbor, Michigan. I tested his sight, and found he was near-sighted $\frac{1}{16}$. Wishing to illustrate to him the use of the ophthalmoscope as an optometer, I told him to use a two-

grain solution of atrop. sulph. in each eye, and come to the office on Monday. He came at the appointed time; his pupils were widely dilated, and had all the symptoms of paralyzed accommodation. I put him before the test-type, and he still had $\frac{1}{80}$ myopia. I looked into his eyes, and found I could see the fundus best with a $+\frac{1}{48}$, which showed oversightedness instead of near-sightedness. He seemed to be satisfied with knowing he was not near-sighted, and refused to use the mydriatic any longer. If he had used it more frequently and longer, it would have developed hypermetropia. I have seen strong solutions of atropine used in such cases for over a week, without having the desired effect. Some of our books say it is impossible to get it sometimes unless you leech the temple, and use other extreme measures. Had it not have been for my Loring ophthalmoscope, I would have most assuredly ordered the last mentioned case — $\frac{1}{80}$ for distant vision.

Some oculists have such an ophthalmoscope, but are unable to use it in measuring errors of refraction, because they can not control their own accommodation. I can tell when my accommodation is relaxed, and have perfect control over it.

Other purposes of such an instrument are, to measure the height of intra-ocular tumors, the amount of swelling of the optic nerve in intra-cranial troubles, thereby to a great degree knowing the progress of the disease; also to know the depth of your glaucomatous excavation.

It is not hard to surmise the ophthalmoscope I use and prefer, after reading this article. I am asked often as to which is the best. I think the Loring ophthalmoscope, made by H. W. Hunter, 1132 Broadway, New York, the finest in the world; preferable to Knapp's and others, for many reasons. I do not write this to advertise any particular ophthalmoscope, but merely to answer the question that is put to me often, "which is the best ophthalmoscope?" and also to show some of the beauties of such an instrument, when one is capable of using it.

LOUISVILLE, KY.

TRAUMATIC ANEURISM OF THE SUPERFICIAL
FEMORAL—SUCCESSFUL LIGATION.

REPORTED BY A. M. VICKREY, M. D.

On April 16, 1876, with my former student, Dr. M. V. B. Vickrey, I was called to see J. M., a farmer, thirty-five years of age, who gave the following history: Twelve years previously a pistol carried in his pantaloons pocket was accidentally discharged, the ball entering his thigh near the inner border of Scarpa's triangle, four inches below Poupart's ligament, passing downward and backward to the popliteal space, where it was found near the surface and readily extracted. The wound healed readily, and there was no discomfort for six years, except the slow development of a tumor the size of a quail's egg, located at the place where the ball entered the thigh. From this time the tumor grew rapidly; the limb was painful, became sore upon exertion, and cold with the slightest exposure. At the time of our examination, the tumor, globular in form, was quite as large as a hen's egg; it was bound down by the *fascia lata*, very hard and resisting, and with no pulsation perceptible by the hand. We were inclined to attribute the arrested blood-supply to the tumor, though the patient complained most of sharp pain in his leg extending from his foot to his knee. All efforts to restore the deficient circulation were vain, and gangrene with sloughing of the outer side of the leg and dorsum of the foot occurred, at times threatening a serious result.

In February, 1877, the cause of his trouble not having been satisfactorily made out by the different physicians who had seen him, I took him to Drs. Walker and Eastman, of Indianapolis. The tumor was now as large as the double fist, and they decided it an aneurism of the superficial femoral. So firmly bound down by the normally dense and now abnormally thickened fascia, was the tumor, that the pulsation was

not observed, and it was only by means of the stethoscope that the aneurismal thrill could be recognized.

An operation having been decided upon, this was done by Dr. Eastman on the first of March, at the patient's residence three miles from Tipton. I administered chloroform, and the operator was assisted by Dr. Walker, of Indianapolis, and Drs. Newcomer, Vickrey, Jr., Grover, Barker, Collins and Evans, of Tipton. Dr. Eastman ligated the vessel about three inches above the tumor, and one inch above the origin of the *profunda*, and the pulsation ceased at once. The patient readily recovered from the anæsthesia; the circulation was restored, the wound healed kindly, and the ulcerations on the foot and leg had healed by the time the ligature came away. The patient is in excellent condition, and the tumor is now a hard lump, no larger than a walnut.

TIPTON, IND.

THE MEDICAL PROFESSION AND MEDICAL SOCIETIES.*

BY J. DILLON, M. D.

The position accorded the medical profession by the public has been subject to as many fluctuations as the wheat market of Chicago, or the price of stocks and gold on Wall street in war times. Whoever heard a doctor spoken well of by a man in health? But let "aches and pains and Charon's check-reins" make their appearance, and he is the first one thought of. After mature deliberation, I feel warranted in saying that the fellow who, in Macbeth, wanted to "throw physic to the

* On the 19th of June a District Medical Society was organized at Muncie, Ind. Physicians from eight counties were present, and great interest was taken in the meeting. Among the papers presented was this by Dr. Dillon, and the Society requested its publication in the American Practitioner. In publishing we have taken the liberty of somewhat abridging the essay, without, however, materially detracting, we believe, from its value.

dogs," was at the time enjoying full vigor of life; but as soon as he fell seriously ill, he was ready to take rhubarb, aloes, quinia, or eucalyptus globulus, without capsule, onion-peel or wafer, and praise with honeyed words the doctor who gave it. To this class belonged also the Shandy family; for, if we may believe Sterne, they had so little appreciation of Dr. Slop's professional ability as to place him second in command to a female midwife when Tristram was born.

However, we do not propose to take up the cudgels in behalf of Dr. Slop, for under this name Sterne has immortalized Dr. W. Burton—John Burton, McClintock says in his edition of Smellie's Midwifery, but McClintock is not infallible, and we prefer taking the authority of an old biography of Smellie which we have consulted—a practitioner of midwifery at York, whose chief claim to professional renown was a virulent assault upon the illustrious obstetrician who was almost the founder of obstetric teaching in London. The almost forgotten name of Burton points a moral which is worth the remembering by doctors now-a-days; malevolent personal attacks upon members of a common profession and practice, all slander and detraction, no matter whether uttered openly or from a coward's cunning concealment, ultimately recoil upon the assailant, and cover him with just reproach. A gentleman does not engage in such work, and an industrious doctor has no time for it. Even if the faithful physician may have to wait in obscurity for a time, while the artful quack for a while takes precedence, the former ought not to lose heart, but spend these waiting days in qualifying himself better and better for duties that are sure to come. What the public may think of a doctor is not half so important as what are his real merits; if these are great, they are ultimately sure of just appreciation.

In times past the medical profession has made some strange alliances. At one time the doctor and the priest were united in the same individual: he who looked after fleshly ills administered to sick souls as well. Again, legerdemain and sleight-of-hand performances were not considered beneath the dig-

nity of him who was regarded as king over pills and boluses. The offices of seamstress, nurse, housemaid, newsdealer, fortune-teller and cook, were regarded as essential auxiliaries, and gave a sure passport to the fashionable midwife. Barbers were supposed to be endowed with that mysterious knowledge which specially fitted them for the abstraction of blood: hence, the barber and the surgeon were one; hence, too, the old English law requiring surgeons and barbers to erect before their places of business a pole girded with spiral stripes of blue, and red, and white; the blue representing venous blood, the red arterial, and the white emblematical of the bandage used in tying up the arm after the bleeding was done. One of the oldest alliances, and the one hardest of all to shake off, is that with the pharmacist. But, thanks to the advances of the age, those old bonds of union have been severed; our divorce is now complete; we stand out as a profession untrammelled and alone; and as our shackles one by one have fallen, our worth, self-respect and dignity have risen. We are left free, in our leisure moments, to pursue those collateral sciences which pertain immediately or remotely to our calling. The medical profession has taken a front rank in the science and literature of the world. Anatomy, physiology, geology, chemistry, zoölogy and botany, doubtless owe more to the doctors than to all others combined; while history, mathematics, astronomy, philosophy, philology, etc., are not a little indebted to medical men. The Rev. O. E. Haven, in an address to the graduating class of a medical college a few years ago, said: "Remove from the natural science of to-day all that has been contributed to it by men of your profession, and the world would be thrown into great confusion, and much of the darkness of past ages would settle again upon us."

But it is not meet that I should here give more than a passing notice of a few of the triumphs of our science, or of the achievements of medical men. To attempt more would be levying too heavy a tax upon your time and my ability. The history of medicine is coëxtensive with the history of civilization. Her contributions have been the common property of

mankind. And while few medical men have ever aspired to become revolutionary leaders, rulers, conquerors or chieftains, none have done more than they in giving a healthy tone to that public sentiment which declares the destinies of nations. If the disciples of *Æsculapius* have not led in battles, sieges, and conquests, they have been as essential to success as those who did; for no great campaign was ever triumphantly prosecuted without them.

If, then, our calling is of such magnitude and importance, we should spare no means in acquiring that knowledge which will most nearly perfect us in the duties of our sacred mission. A liberal education is generally conceded to be a prerequisite to the study of medicine; then after a collegiate course, with special study of medical subjects for three years, a diploma is granted as a passport of the young aspirant to professional laurels. But how limited then, in a knowledge of man's ills and their remedies, must the average tyro be, when the brightest lights of the age have spent a lifetime in search of their occult mysteries, and in the limitation of years have died, their task yet undone. We read our books and periodicals; we study the written experience of others; we add to our stock of knowledge by individual observations made at the bedside. No medical man is worthy of his profession who would willingly keep from his fellow-practitioners anything gained by any of these means. It is not only a duty to his collaborators, but an obligation to society, that the light of his experience should be allowed to shine for the benefit of all. This is the grand object of medical societies, and it is one of the most hopeful signs of the times that they are springing into existence all around us. It certainly marks an era of good feeling. Local societies, state societies, national societies, and finally the world's medical congress, by which are bound together in one common brotherhood all the healers of the world. What matters if Sir James Paget and Thomas Watson are Englishmen; Charcot, Bourneville, and Trousseau, French; Leibermeister, Virchow, Zuelzer, Curschman, and Fraenkel, German; or Lister, a Scotchman? Each of

these is one of us; we have common interests; we labor in a common cause; we are brethren. Owing brethren so far away, let us recognize the family relationship at home. Let us be more charitable, more sociable, more fraternizing, not only as residents of the same county, but as physicians of neighboring counties. We should know each other better, and help each other more. By so doing, the interests and honor of our profession will be promoted, mutual jealousies banished, and suits for malpractice almost done away with; for who ever knew such a suit to begin without the gratuitous encouragement of some jealous rival? Then, while we are giving our experience to others, we are subjecting our thoughts, our diagnoses, our treatment, our notions of pathology, to a healthy criticism. Thus while teaching, we ourselves become also the taught.

These ends, and many more, may be attained in a properly conducted medical society; but unless it is so managed, the fruits will be those of a different vine. Not a few have been the enmities and jealousies engendered in these local meetings. Men have been self-conceited and dictatorial; or, Sangrado-like, have been the inventors of new dogmas and systems, and upon learning the folly of their own conceit, have been too obstinate to retract. Sangrado, you will remember, was one of those numerous individuals whom time has produced that had an ambition to be the author of a new system of healing. "Other physicians," he says to Gil Blas, "make the art of medicine to consist of the knowledge of a thousand difficult sciences; but I intend to go a shorter way to work, and spare thee the trouble of studying pharmacy, anatomy, botany and physic; know, my friend, all that is required is to bleed the patients and make them drink warm water." As Sangrado had written a book to prove the correctness of his theory, he could not be induced to change it. "Wouldst thou have me deny my own work?" he said to Gil Blas, who suggested a change to chemical remedies, after seeing the enormous mortality of their practice. As an epidemic of

small-pox was prevailing their hands were full of cases, and "in less than six weeks," Gil Blas says, "they made more widows and orphans than the siege of Troy."

Dr. John Brown, of Edinburgh, the founder of what was known as the Brunonian system, is a remarkable example of a mind controlled in medical theory and practice by a single idea. He possessed great natural endowments, and had much culture. His peculiar views, probably originally adopted out of antagonism to Cullen, from whom he had suffered real or fancied injustice, he came to hold in all sincerity, and enforced with a fervid eloquence such as Edinburgh had seldom heard. The stimulation he advised for patients he faithfully observed in his lectures. Think of him rising to lecture, a vial of laudanum on one hand and a bottle of whisky on the other, and taking forty or fifty drops of laudanum and a glass of whisky, and repeating this four or five times during the hour! And yet this same John Brown, false as his system was, a failure as his life became, deserted by his friends, a confirmed drunkard, in prison for debt; held the honor of medicine and of the profession too high to be tempted by the lucrative offer of a dealer in quack medicines, who desired the use of his name for a pill which was to be sold as "Brown's exciting pill."

Charity, conciliations and mutual concessions, are necessary elements of success in the ordinary business of life; no less so on the part of physicians. Man is so constituted that all wisdom is not the heritage of any one individual. The greatest may learn something from the least, the highest from the lowest, and the haughtiest from the most humble.

But it should be remembered that these societies can only be made successful by the sacrifice of time, labor and money. He who expects to be benefited by them otherwise, will hope in vain. The boat will not go unless you are willing to take hold of the oar and pull. This should be thought of before more societies are organized than can be worked to advantage. It is one thing to organize a society, but quite another to make it profitable to all its members.

One more thought, and I have done. It is quite common to enact, in the constitution and by-laws of medical societies, that certain fines and penalties shall be imposed upon members for non-attendance at the meetings, or for failure to perform the duties assigned them. So far as my experience goes such laws are always a dead letter, and I believe it right that they should be. It is a sad commentary upon the medical profession that they should ever be thought necessary. The sessions should be made so interesting that no live member can afford to stay away. Two good papers, well considered, with such other business as may arise, will usually be all that can profitably come before a meeting. These equally apportioned among the several members of an ordinary county society, where they meet once a month, will give about one subject a year to each person; and where the sessions are held quarterly, one in two, three or four years. It is certainly a dull pair of eyes that can not see something, or a sluggish brain that can not think of something in that time, that would be of interest to the profession. And if any one is so busy, is working himself so hard, as not to have time, once every twelve or twenty-four months, to write a few pages for his brethren, he ought to be turned over to the "society for the prevention of cruelty to animals." Then the profit to yourselves will repay you tenfold for the time and labor expended in making a record of interesting cases and therapeutical observations. Besides no person can habitually fail in doing his duty, thereby disappointing his associates, without losing self-respect and the respect of others. How many times have the physicians been called together from all parts of a county, to consider a question of vital importance and transcendent interest to the profession, to be disappointed with the plea of "not prepared" from the person appointed to write on that subject! Who can blame men for turning away in disgust, and resolving never to go again? They have been insulted; they have been robbed of their time, and the society has received a stunning blow. Medical men are modest and diffident, I know; and they are likely to overestimate the requirements

of the society. They think some new, grand, startling and original discovery is expected of them; and because they can not meet this supposed expectation, they fail to write at all. But let us remember that some of the best books we have are compilations. The conclusions to which you have come from what you have read and seen, are what we want. These you can give; and by so doing, you not only incur the obligations of your fellow-practitioners and the society, but you confer a lasting benefit upon yourself. This do, and the profession will be honored, and societies made profitable to all; otherwise they will be a reproach to those who attempt their organization.

DALEVILLE, IND.

CANCER AND PHTHISIS.*

BY C. B. MILLER, M. D.

In my experience fatal cases of cancer are more frequent than fatal cases of phthisis. Unless I have been more unfortunate than my brethren in meeting these cases, I must conclude that while phthisis is diminishing malignant diseases are alarmingly on the increase. The following cases include only those where the disease manifested itself in internal organs where no operative interference would avail, and dates back to 1870, when I first began to keep a record:

CASE I. May 25, 1870; Mrs. W., aged forty-six years, never borne children, called my attention to a "lump" in the right iliac region, which she imagined she felt for about six months. Found a tumor of irregular shape as large as the fist, the outlines of which were easily traced except below; slightly movable. The only pain ever experienced was of a

* Extracts from a paper read before the Dearborn County (Ind.) Medical Society, March 6, 1877.

smarting character. There was a slightly tortuous condition of the overlying muscles, and the complexion of an ashy hue. Expressed fears that it was malignant. In June, Dr. Gatch saw the case with me, and on July 30th the late Dr. Blackman; both of whom pronounced it cancer. On the 2d of September the case terminated fatally, at which time the tumor was larger than a man's head, extending above the umbilicus and across into the left iliac region. No post mortem allowed.

CASE II. December 29, 1870; saw Mrs. R., aged forty-three; mother of five children; ill for four months. Found a large tumor occupying the greater part of the abdomen; irregular in outline; the seat of occasional lancinating pain; overlying vessels tortuous; skin of a peculiar ashy or waxy hue. The case terminated fatally August 3, 1871. No post mortem.

CASE III. February 6, 1871; Mrs. F. H., aged forty-four, a large fleshy woman, mother of several children, the eldest of whom was sixteen and the youngest four years of age. Has been suffering from repeated attacks of what was supposed to be menorrhagia for the past eighteen months. In intervals between the attacks has had profuse leucorrhœa of a very offensive character. Examination revealed the antero-superior portion of vagina covered with warty excrescences, the os almost hidden by a fungous mass, which bled on the slightest touch. Dr. Reamy saw the case with me June 7th, and pronounced it cauliflower variety of epithelial cancer; he advised the eradication of the growths by caustics. The treatment was very successful, and we hoped for a cure; but on the 10th of August a lung trouble set in, and she died on the 18th. No post mortem.

CASE IV. September 7, 1871, I was called to see R. H., aged twenty years; weighs one hundred and eighty pounds; had coxalgia when six years of age, which resulted in shortening and inversion of right leg. Enjoyed good health from that time until eight months ago, when he began to have pain and swelling about the affected joint, and commenced to lose flesh; has complained for a few days of oppression about the

chest; has slight cough, and expectorates a ropy, frothy fluid; cheeks flushed and fever in evening, ending in perspiration, which became profuse as exacerbations grew more marked; had some trouble with the kidneys and bladder. Symptoms all became aggravated, and the skin assumed the hue so characteristic of malignant disease.

On the 14th of December Dr. Gatch saw the patient, and on the 29th he was also seen by Dr. Graham, of Cincinnati; both of whom confirmed my diagnosis. Death resulted on the 31st. Autopsy eighteen hours later.

The body was much emaciated; abdomen distended and slightly tympanitic, except in the lumbar and right inguinal regions, where was a large and firm irregular mass, apparently connected with the innominatum of same side; decided forward curvature of spine in lower dorsal and lumbar regions; right hip and upper third of thigh enlarged, hard and irregular; integument mottled, and superficial veins enlarged. On incision over the trochanter, considerable dark, sanguineous fluid was discharged, and the subcutaneous muscular tissue filled with small nodular masses. The consistency of the tissues varied from soft cartilage to that of bone, in which the microscope revealed the cells then supposed to be characteristic of cancer. Over the entire surface of the right lung were found numerous hard, whitish masses, varying in size from a pin-head to that of a split pea. On section, the entire substance was found studded with similar masses. At the apex, near the posterior aspect, was found an irregular cavity as large as a hen's egg; similar but smaller cavities were found in different parts of the upper lobe. The left lung contained several small cavities, and presented the same characters as the right; but the lower portion contained some crepitant tissue. In the tubular substance, and near the lower portion of the right kidney, was found a whitish mass the size of a small hickory-nut, harder than the surrounding tissue, its center filled with a creamy fluid; and near the upper portion a similar but larger mass, in both of which the microscope showed the same kind of cells. Nothing found worth noting in the other organs.

CASE V. May 25, 1872; saw Mrs. E. F.; aged forty-seven years; mother of several children, the youngest four years of age. Complaints of nausea and vomiting, with pains of a severe lancinating character in right hypochondriac region. Found a large tumor projecting from beneath the ribs of the right side, somewhat irregular in shape, easily circumscribed except above, and sensitive on pressure. She has lost considerable flesh, and is of a well-marked waxy hue. On the 5th of August, Dr. W. W. Dawson saw the case, and agreed as to its being cancer. The disease made rapid strides until September 22d, when the patient died. Autopsy made sixteen hours after death. Much emaciated, and of a very yellowish hue. The liver was about three times its natural size, from scirrhus involving two-thirds of its lower portion; the pancreas was also cancerous; so it was impossible to tell in which organ the disease originated. There was also some deposit in the kidneys; other organs healthy.

CASE VI. On November 11, 1873, saw Mrs. M. with Dr. Gatch, who had been treating her for a month. She has suffered from repeated hemorrhages from the uterus, with copious offensive leucorrhœa during the intervals. Examination showed the entire upper portion of the vagina filled with a fungous mass; pain at times severe; emaciating rapidly; cancerous cachexia well marked. As no encouragement could be given, the case (as is likely to occur in most such cases) soon passed from our care, terminating fatally a few months later. I have not learned the result of the autopsy, except that the entire uterus was cancerous.

CASE VII. August 26, 1874, saw Mrs. J. S., aged fifty-four years; has been a very robust woman until about one year ago, when she discovered a tumor in the left iliac region, which is the seat of occasional lancinating pain. Emaciation rapidly followed, the cachexia became well marked, and the tumor increased until it filled almost the entire abdomen, and destroyed the patient some time in the spring of 1875. No post mortem.

CASE VIII. December 7, 1876, I saw Mrs. R. Z. with Dr. Gatch, who has been treating her for epithelial cancer of the uterus, which so blocks up the vaginal canal as to make it difficult to introduce the small end of Sims's speculum. She has frequent hemorrhages, and a constant discharge of a thin, serous character, and very offensive. She is emaciating rapidly, and death will inevitably result soon.

In addition to the above, I have been consulted during this time in two other cases, both of which terminated fatally, making ten cases in seven years. In the same period I have had but four or five cases of consumption, and I am inclined to think that it is not nearly so frequent in this vicinity as it was a number of years ago.

LAWRENCEBURGH, IND.

Reviews.

The Tonic Treatment of Syphilis. By E. L. KEYES, A. M., M. D., etc.
New York: D. Appleton and Co. 1877. 8vo, pp. 83.

In a well written paper published in the American Journal of the Medical Sciences for January, 1876, Dr. Keyes gave the results of a series of experiments made with mercury in syphilitic and non-syphilitic subjects. By the aid of the hematimeter, he was able to demonstrate the following general facts, namely:

That mercury, given in small doses and continued indefinitely, increased the number of red globules both in syphilitic and healthy individuals.

That when given in large doses, in either class of subjects—syphilitic or non-syphilitic—it diminished the number of red globules; and, finally,

That the action of the syphilitic poison also diminished the red globules.

In the present work, a book of eighty pages, Dr. Keyes amplifies the paper referred to, detailing his experiments, the way in which he performs them, etc.; and upon their teachings enunciates a system of treating the disease. This he denominates the "*Tonic Treatment of Syphilis.*"

The title is ingenious and pleasing, and in its application in some degree novel. Yet, when the work which it introduces is read, it will be found to embrace in the main but the old principles and the old finger-posts which have guided medical men so long in the practice. Our author has succeeded in placing, here and there, an additional buoy to denote the navigable tract of a much-traveled stream. But he has pointed out no new channel. His soundings have simply confirmed

the observations of the many hardy mariners who have preceded him. Mercury occupies the same place in his chart that it has occupied in the charts of the fathers. It is the central figure—the one prime, indispensable agent. As a remedy for syphilis nothing equals it. Call it what you will, an alterative, an antidote, or, as the Irish surgeons called it long before Dr. Keyes, a tonic, one fact remains, that it is without a rival. Other drugs are to mercury, in this connection, what other horses are in the race to Ten Broeck—nowhere! Our author gives mercury in syphilis, as Sir Henry Thompson uses dilatation in stricture, “first and foremost, always and without exception.”

Dr. Keyes endeavors to administer the drug in a less empirical way, however, than has, he thinks, hitherto been done. He rests his estimate of its value upon, and demonstrates its power by, “the tripod of clinical experience, physiological research, and inductive reasoning.”

His favorite preparation is the protiodide. He begins with a small dose, which is gradually increased until impending pyalism, etc., are apparent, and this he denominates the “full dose.” This, reinforced by opium if necessary, is continued until the syphilitic manifestations disappear.

The “full dose” is then reduced by one-half, and becomes, according to the nomenclature of our author, the “tonic dose.” This is to be continued until some fresh symptom of the disease shows itself. When this occurs, the half of the “full dose” which was omitted, and which Dr. Keyes calls the “reserve dose,” is to be added, continued, and dropped as before.

Our author insists on a mercurial course of from two to three years, and never regards the patient as being safe against relapses, in other words as being cured, until at least six months of steady treatment lie behind all syphilitic symptoms, even a solitary mucous patch.

Langston Parker, who was very high authority but a few years back, taught that syphilis could be cured in the large majority of cases within ninety days. And Mr. Parker's cases

were counted by thousands. Ricord declared that a nine months' course—six months of mercury and three months of potash—was, as a rule, sufficient. Mr. Henry Lee, on the other hand, often discharged his patients cured, as he believed, at the end of six weeks of moist mercurial vapor-bath. Bumstead, without fixing any special time for continuing the treatment, abandons specific remedies within a few weeks after the symptoms have disappeared. Berkely Hill states that the surgeons who were examined before the Committee on Venereal Diseases in the Army and Navy, almost without exception, recommended the use of mercury only so long as the symptoms remain. Mr. Hill himself gives mercury for but a few weeks after the symptoms disappear, and at most occupies but four or five months in the treatment of the disease.

But we have not space to pursue this very interesting portion of our subject further. Dr. Keyes has produced an exceedingly clever book. It gives, in a small space, very clear directions for the management of syphilis. It is calculated to inspire great confidence in both physician and patient. It deals fairly with the other methods of treatment in vogue, and is really strong in the chapters devoted to complications. We must be allowed to think, however, that the reader will be somewhat disappointed if he looks to have his faith in mercury planted by it on a firmer foundation than that of old—that of clinical experience. To be frank, the "inductive reasoning" leg of our author's tripod strikes us as rather weak; howbeit, it is an ambitious one. Dr. Keyes, evidently of an enthusiastic nature, has jumped too suddenly to the conclusion that he has "solved the problem of the treatment of syphilis." The mournful fact still confronts us that patients, after the best directed treatment, and who, in the language of Ricord, "have enjoyed for ten, fifteen, twenty or thirty years, excellent health, have at last presented, either for the first time or as a relapse, the characteristic accidents of syphilis." "How then," this great syphilographer continues, "is it possible to conclude that in all cases there is an absolute destruction of the acquired syphilitic disposition?"

The "*tonic*" influence of mercury in small doses—long years ago claimed by the Dublin surgeons as a property possessed by the oxymuriate, as the bichloride was then called—proves really nothing, since, as we all know, drugs which are far more powerful tonics than any preparation of mercury can be, uniformly fail to cure syphilis. Nor do we believe that Dr. Keyes himself intends to couple its "*tonic*" with its remedial action, though the unwary reader might very naturally infer that he did. And, while the fact of the innocence of mercury in minute doses long continued may be a pleasant one to have in mind when a two or three years' course is determined on, we are as much in the dark as ever as to the preventive action of, as Erasmus Wilson styles it, "the great antidote of syphilis." There are, we submit, better ways of explaining the power of mercury than by classing it among the tonics. The views of Mr. Wilson, on this point, are much more comprehensive than those of Dr. Keyes. "Of all the known remedies for syphilis," he says, "mercury alone possesses the power of acting upon all the emunctories of the body; it excites action in the bowels, the liver, the kidneys, the mucous membrane, and even the skin."

But it is only our author's philosophy that we inveigh against. And we would not do this, as it leads to harmless results, but philosophy has been so cold-blooded of late in uprooting old faiths, that when one of its followers stalks by with a link in his armor wanting, the temptation to thrust at it is too strong to be resisted. Let us, then, consider this further exhibition of Dr. Keyes's reasoning:—He is describing the manner in which mercury is used by different practitioners, and concludes: "Surely all these theories can not be equally correct, since they differ so much. Truth is absolute and unique; and if black be black it is not white, nor even gray."

Does it appear, then, that we have methods of arriving at truth confounded with truth itself? Are there not a number of ways of getting from Kentucky or Indiana to New York? Trunk lines, and loop lines, and other ways? And might

they not each in its way and all result in the pleasant issue of our meeting with our sterling friend, who resides there?

But our space is exhausted. While Dr. Keyes's book has met with a genial and deserved welcome, we feel assured that he will increase its claims to the respect of the profession in a future edition, which must soon be called for. And when it is called for, allow us, in advance, to suggest that the true philosopher never forgets the transitory nature of all individual opinions.

D. W. Y.

Transactions of the American Gynecological Society for 1876. Vol. I.
H. O. Houghton and Co.: Riverside Press, Cambridge. 1877.

A word about this society. Organized last year, composed of a limited number of our most eminent specialists, with rigidly exclusive rules as to fellowship (sixty being the limit as to number), its first expression—this volume of transactions—has been looked for with unusual interest. It is worthy of the anticipation, being rich in useful monographs from both home and foreign talent.

The address of the president, Dr. Fordyce Barker, is admonitory, historical, eulogistic and admirable.

Following it, Dr. Emmet's paper on Uterine Flexures and Treatment, is an herculean study based on twenty-seven hundred cases, which support the following laws: That cervical flexion occurs about the age of puberty; is due to relative excess of growth of cervix over that of the body; is always attended by pain at the beginning of the menstrual flow *only*, (the subsequent suspension of pain being due to the removal of the flexure temporarily by the gradually increasing engorgement); that it shortens relatively the duration of flow to 4.02 days; that it is not generally attended by complicating disease till later in life; that it is a complete bar to impregnation, and the commonest cause of sterility; and, finally, that it is only remediable by surgical means when decidedly

marked. Dr. E., in such cases, which are rather rare, divides the posterior lip of the cervix with a scissors, and claims seventy-five per cent. of cures of dysmenorrhœa and sterility. To be successful, the operation must be performed soon after marriage, and never where perimetritis has existed, because of danger of inflammatory accidents of a fatal nature.

Again, antelateral and retroflexions of the body, which occur in the order named as to relative frequency, arise generally in middle life from those causes which tend to engorge the womb and bind it to the surrounding tissues. All are attended by dysmenorrhœa and often by sterility; also generally inflammation and its results in and outside the organ. In such cases operative interference is useless and dangerous. The hot vaginal douche (100° to 110°) is recommended as the most efficient means of giving tone and removing passive congestion in such cases.

The discussion of this paper developed rather opposing views from Dr. Barnes, of London, and others; he especially considering the stenosis of the os externum as more important than the flexure, and recommending extension of the os by the scissors. Dr. Peaslee found dilatation sufficient ordinarily.

Dr. Skene, of Brooklyn, next follows with a very important paper on Cicatrices of the Cervix and Vagina.

Dr. Battey's report of ten cases of Normal Ovariectomy opens our eyes widely to the boldness of modern surgery in the search for relief for suffering humanity. Dr. B. has thus far developed the fact that the venereal propensity is not destroyed by removal of the ovaries. Two of the ten patients died. Results have not uniformly been satisfactory, but in some of the cases extremely so. Suspension of the menses was complete in three cases. It is to be inferred that the future will make room for this operation. Discussion was deferred till next year.

Dr. Edward W. Jenks, of Detroit, presents a paper commending the use of *Viburnum Prunifolium* (Black Haw), as a new but very reliable uterine sedative in cases of abortion, dysmenorrhœa, etc.

Dr. Theophilus Parvin, of Indianapolis, reports a remarkable case of vicarious menstruation from the lip, and suggests the general adoption of the name *xenomenia* as a preferable substitute for those in ordinary use.

Dr. Barnes, of London, contributes a learned paper on the lights thrown by the phenomena of pregnancy on pathology in general.

Dr. Byford, of Chicago, next gives a most satisfactory experience with the use of ergot internally, in the treatment of uterine fibroids. It is an article which all interested will do well to consult.

Dr. Thomas, of New York, in the report of an operation in extra-uterine pregnancy, lays stress on the necessity of allowing the placenta to remain for self-detachment, on account of the danger from hemorrhage if at once forcibly removed.

In the following discussion, Dr. Drysdale's ovarian corpuscle is uncomfortably denied existence, but his theories are well maintained by several prominent observers.

Dr. Campbell, of Georgia, most admirably presents the great utility of the genu-pectoral position and the introduction of air into the vagina, in the autoreposition of the displaced uterus. By it the application and proper adjustment of every kind of pessary is greatly facilitated. [Just at the moment of concluding the reading of this article, the reviewer had an opportunity of applying Dr. Campbell's method in the reduction of an impacted procidentia uteri: the assistance afforded manipulation by the "visceral draft" was certainly most striking.]

The use of hydrate of chloral is ably presented by Dr. Richardson, Boston, in some obstetrical conditions, namely: nausea, in which it is recommended by injection in rectum; parturition, as an anæsthetic; puerperal convulsions and insomnia.

Dr. William Goodell presents a memoir on laceration of the perineum, in which he recommends immediate operation. This plan is mainly supported in the discussion.

Dr. Noeggerath's advocacy of the existence of latent gonor-

rhœa and its influence in the prevention of fertility in women, is actively opposed in the discussion of his paper, and as yet has not found favor.

An obituary notice and steel portrait of the late Dr. Gustav Simon, of Heidelberg, an honorary fellow, closes the volume.

This valuable book is for sale by Cathcart and Cleland, Indianapolis, Ind.

J. G. R.

A Practical Treatise on Diseases of the Skin. By LOUIS A. DUHRING, M. D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, etc. Philadelphia: J. B. Lippincott and Co.; pp. 618. Price, \$6.00. Cincinnati: Robert Clarke and Co.

Dr. Duhring is so well known to the profession as a writer, that to call attention to the excellence of his English and the purity of his style, would be a trite compliment. His present work is the fullest and best that has appeared on diseases of the skin for many years. Indeed, it is a most excellent book, and should be in the library of every general practitioner as well as dermatologist. There is no reason why every practitioner of medicine should not be his own dermatologist. It does not take long to learn all that is *known* in dermatology; we mean practical knowledge, such as we need in our daily labor. To learn all that is known or conjectured, as to the anatomy and physiology of the subject, and to become acquainted with all the doctrines of the so-called authorities in dermatology, and to commit to memory all the hard names, which, by-the-by, are not only well nigh immemorable, but are far from having a fixed and settled signification: to do all this would require an amount of time and labor that no sensible general practitioner would attempt. But to learn what skin diseases are curable and what are incurable, and to acquire sufficient power of diagnosis to make correct therapeutical application of this knowledge, is by no means a difficult nor an onerous undertaking.

Let doctors once recognize the fact that there are but few causes of disease, and that from these few causes spring the many so-called diseases. Let them recognize that the skin, muscle and bone, mucous membrane and serous membrane, stomach, lungs, liver and uterus, etc., are all supplied from one heart with blood, and from one brain with nervous material, and that diseases should be treated with reference to their cause and not their locality; let this occur, and the science of medicine will advance more rapidly, the interests of human health will be conserved, and many of the now wide-reaching and pretentious specialisms will rapidly and vastly shrink. Dr. Duhring, ardent specialist as he is, but at the same time wise and conscientious gentleman, acknowledges this. He says: "He who would be successful in the treatment of cutaneous affections, must first acquire a full knowledge of the principles of general medicine; without this ground-work upon which to stand, his efforts, in the majority of cases, will at best be rewarded by unsatisfactory results." The author adopts Hebra's classification, somewhat modified, of course. No man ever makes a book or buys a house, without essaying some alterations in the work of his predecessors. Dr. Duhring teaches that both constitutional and local treatment is demanded in most cases, and he scouts the absurd heresy, so commonly held by the ignorant, that there is any danger in drying up eruptions in curing skin diseases too quickly. Dr. Duhring emphatically declares the "importance of forming a correct opinion as to the cause of disease, in order to treat it successfully;" but he fails to point out the great causes of disease, at least what in our judgment are the great causes of disease. At the head stands malaria, next struma, next "cold," next alcohol, hygiene, food. The specific poisons produce a not inconsiderable amount of disease, directly and indirectly, of course. Scorbutus, once so fruitful, is now almost extinct. In dermatology the parasites form an important element in the production of disease. Were Dr. Duhring's great work illustrated by correct colored

plates, but little would be left to be desired. This absence is being supplied in his *Atlas of Skin Diseases*, a most beautiful and perfect work.

L. P. V., JR.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1875.
JOHN M. WOODWORTH, M. D. Washington: Government Printing Office.

This report, showing that the service has been in operation seventy-seven years, is a neat octavo volume of more than two hundred pages, containing only such matter and statistics as are both interesting and valuable.

We are so accustomed to seeing huge volumes of reports produced by the different departments of the government, not worth the paper on which they are printed, that this book reminds us that there is occasionally a valuable exception.

The author shows that the percentage of seamen applying for relief has been greatly increased within the last year or two, and attributes this to two causes: First, the decrease in the coasting-trade, leaving a large number unemployed, is necessarily followed by an increase in the percentage that sicken, as idleness and sickness go hand in hand; second, the unusually severe winter of 1874-75 is regarded as another important factor in the increase.

The entire plan of conducting the service is given. It shows also that ninety-four stations have been established, at which were relieved last year fifteen thousand and nine sick and disabled seamen, who received 405,665 days' relief.

The report is accompanied by a well executed map, showing the location of the different stations at which the service is established. An appendix contains a number of valuable papers contributed by the different surgeons of the department.

H. J.

Clinic of the Month.

ARCHAMBAULT ON NURSING AND DENTITION.—We condense from *Progrès Médical*, of May fifth, lectures by Archambault on nursing and dentition, delivered at the *Hôpital des Enfants-Malades*:

Artificial nursing generally gives bad results, but still it is necessary to remember the great difference between a vigorous child born of healthy parents and at full term, which may thrive on the bottle, and a delicate, premature child with feeble parents, and which does not do well no matter how good the milk, nor how carefully the feeding is conducted. Probably for these reasons more than others artificial nourishment succeeds better in the country than in the city; in the former, parents and children being more vigorous.

Mixed nursing gives excellent results, and enables almost every mother to nurse her infant. I scarcely know a mother, unless so positively diseased that she has not milk, or the breast so badly formed that the infant can not seize the nipple, who can not nurse her infant for three months with great benefit to it and without injury to herself. On the other hand, I have never seen an infant, unless diseased, who, at three months, could not take and digest cow's milk properly prepared. Thus at three months, and even before, there is no difficulty in relieving the mother by giving the baby the bottle at night, and subsequently during the day. In this way the mother need furnish only half the milk required for the nourishment of her child. The popular notion that the mixture of the two kinds of milk is injurious, is an error.

One difficulty which should be borne in mind, is that the infant, finding it so much easier to take nourishment from the bottle, may reject the breast. Starvation is the remedy.

In Switzerland mixed nursing, and sometimes artificial nursing with concentrated milk, is practiced. There is another preparation which I have also seen very useful, farina and milk, called the farina of Nestlé.

After having aided the alimentation from the breast, with cow's milk diluted one-half at first, then a third, then one-fourth, according to the digestive power, the time comes when other food should be added. What should this be, and at what age? We select from among the starchy articles, but practitioners do not agree as to the age. Trousseau taught the breast of a good nurse was enough up to twelve months. That is true, but it is not less true that we may commence much sooner with additional food; and it is wiser to get an infant to take other nourishment than milk at six months than at twelve.

Tapioca, arrow root, the farina of cassava root, of barley, of oats, of wheat, bread toasted or not, etc., are employed to prepare for infants the liquid nourishment suitable for them, water or milk being used: a small quantity of sugar may be added, and also of salt: if the preparation be made with water, it is well to add a little fresh butter. With the farinas and milk, an aliment is made which has been too much commended, too much condemned, pap. A pap well made, properly diluted and thin enough to be taken from a nursing-bottle, is generally easily digested. Slices of bread dried in an oven, or simply bread boiled long enough to destroy all consistence, and in a sufficient quantity of water, making a gelatinous-like fluid which the infant can drink from the bottle as it pleases, furnish an excellent food in which not only the starch but the gluten and salts are utilized for nutrition: such food is to be preferred to tapioca or arrow root, which are simply starch.

You may give this artificial food once a day at first; at eight months give it twice a day, one of the times let it be prepared with water, the other with milk; and at this time you may also give *racahout*, a compound of starch and cacao; and as this food is very dear, a good substitute for it may be

made by adding to a clear panada powder of good chocolate. I have observed that infants were almost always fond of this preparation, and that they digested it well. A mother is desirous that her child should take broth, thinking this more nourishing than milk, and that it will give it greater vigor; but this is an error, and if the broth is given it should first be diluted with water.

At ten to twelve months soup may be used three times a day, if the mother's milk is lessened; but even then it is better to give the soup but twice, and let the infant have once or twice a day some good milk, each equivalent to one nursing. At twelve months an egg may be given, either soft-boiled in the shell, or broken or with milk.

The child at this age likes to bite upon a crust of bread, gnaw the bone of a fowl, or suck the juice of meat. But here is a new ambition on the part of the mother; she thinks that her infant will become vigorous by eating meat and drinking wine. I have generally seen wine produce acidity of the stomach and diarrhoea; and if meat is given it should be finely cut up, but it is better at this age only to give the juice of roast meat, with potato or with crumbs of bread. Potato may be used also with milk or butter.

Before giving meat as a regular food, wait until the child has sixteen teeth. The longer milk rules in the regimen of an infant that has not completed dentition, the greater the probability of its health remaining good; but the faster you hasten to give the infant the regimen of the adult, that is use solid food and wine, the greater probability of the production of indigestions, diarrhoeas, enteritis, swollen abdomen, rickets, etc.

At birth the infant has no teeth apparent, all the germs already ossified are covered by the gum and contained in the dental sac. Louis XIV, it is said, was born with one tooth; there are other instances, and I believe this was the fact with one of the members of our faculty. Do these facts show that precocious evolution of the teeth is the sign of exceptional vigor of body and of mind? Not all, and when we see an

infant born with one or several teeth, we have no cause for rejoicing; such exposure of a tooth is often consequent upon a bad condition of the gum and dental sac, which, having been destroyed, leave the tooth uncovered.

The mean time of the appearance of the first teeth is about six months and a half; but the separation between the maximum of precocity and the maximum of delay is very great, from birth to eighteen months. The teeth appear by groups, and after the coming of one group there is a period of rest before the next come. But this order is often inverted, disturbed, and seems to be replaced by a positive disorder. The first group consists of the two middle lower incisors, which appear at six months and a half, requiring about ten days for their complete extrusion, so that the infant at seven months ought to have these two teeth. Between nine and ten months the first of the second group appear, the two upper middle incisors, then the two lateral; all four making their appearance in about one month, after which there is a rest of about two months.

From twelve to thirteen months, the first tooth of the third group appears, this group consisting of the two inferior incisors, and the four first molars, the evolution commencing sometimes by an incisor and sometimes by a molar, and is accomplished in from one to two months, so that a child of fourteen to fifteen months ought to have twelve teeth. After the escape of the fourth molar, the longest period of rest in dentition occurs; the average interval is four months before the canine, which form the fourth group, come,—the first at eighteen or nineteen months, and the last two months later: thus an infant with sixteen teeth ought to be twenty or twenty-one months old. In about four months the last four molars commence to appear, their evolution requiring about two months. First dentition is thus accomplished by the time the child is twenty-six months old.

But this normal order of dentition may be disturbed, both in the successive evolution of teeth of different groups, and

in the approximation of the periods of evolution, so as to lessen or do away with the usual periods of rest.

Sometimes you find children who have been badly nourished and are rachitic, who, at two years and a half, have but eight, ten or twelve teeth. Again you find in delicate, cachectic children the teeth decayed, especially at the junction of the crown and neck. This condition of the teeth always indicates bad health.

Some infants pass through the period of dentition, a period always regarded with great anxiety by mothers, without any indication of disorder, while to others it is a severe trial. All infants present as to the mouth the same local phenomena, which in some are excessive, the dribbling of saliva, the child biting whatever it can put in its mouth, the swelling of the gums sensitive and even painful, etc. The child is restless, starting in its sleep; one time and another it has actual fever, skin warm, face congested; but this fever is fugitive, lasting one hour or several hours, and disappears.

The dental phlogosis does not always remain confined to the gum, but extends and there is a true stomatitis. Very often there succeed aphthous ulcerations, muguet; but for these to occur, there must be improper or insufficient alimentation.

For the purpose and with the hope of terminating the injurious phenomena of teething, lancing the gums has been advised; and in England this practice is regarded with great favor. Trousseau condemned it, but I think he went too far. He was correct in saying that it did not have the efficacy attributed to it; but it was an error to declare it useless and injurious. I am positive that I have seen the reactionary symptoms of pain, fever and restlessness cease by an incision of the gum when the tension was great, and under such condition I always advise the practice. A simple bistoury, wrapped to near its point, may be used for incising the gum, and this incision may be linear or even crucial. For these symptoms baths, too, are very useful and should be quite frequent. Bromide of potassium may also be given.

DIABETES MELLITUS—REPORT OF TWO CASES—RECOVERY. In the June number of the *Detroit Medical Journal*, Dr. T. C. Smith, of Middleport, Ohio, reports these interesting cases of recovery from the above disease:

Case I. F. S., aged twenty; nervo-bilious temperament; farmer; general good health, excellent habits and industrious; on his maternal side inherits phthisis distantly. Saw him in September, 1876, when I found him laboring under the effects of malarial fever, then very prevalent in his vicinity. From this he soon recovered, but was left weak, and continued for some weeks unable to exert himself to any considerable extent. Tonics and continued rest failed to restore his strength. He stated, at my first visit, that he was making "plenty of water;" this was in reply to inquiry. His weakness continuing and rather increasing, Dr. Fisher was called October 25th, in my absence, to see him. He was found with considerable general debility, general malaise, nocturnal fever, some lumbar and head pains, with considerable renal derangement; urine reported quite free.

On my return I called to see him November 5th; found him with all the above symptoms except fever, but also with considerable cough and hoarseness, well defined symptoms of bronchitis and dullness over the apices of both lungs; had a peculiar cachectic appearance, pulse 90, skin felt normal, temperature 99; had severe night sweats, with loss of appetite. On account of his slight hereditary tendency to phthisis, I was disposed to anticipate trouble of this kind and doubted his recovery; thought his increased loss of flesh due to this and nothing else. No mention had been made to me of his excessive flow of urine at this visit, nor at any time except my first visit, when he said that he made "plenty of water—more than in health." After two weeks of treatment for his bronchitis it disappeared, as did also his nocturnal ephidrosis. The appetite then became insatiable, but still no gain in his strength; a continued loss of flesh and strength noticeable, though not rapid. As his lungs had now entirely cleared up, it seemed to me he ought to become stronger, as no evidence

had been elicited after pretty careful examination to account for his continued weakness. This carried the case up to November 17th. His mother, at this visit, asked me if her son had ever told me of his "making so much water." I told her no. She stated that he made about twice as much as he ought, as she thought. On conferring with Dr. Fisher, we concluded his trouble might very possibly be diabetes mellitus. Accordingly a specimen of his urine was obtained and analyzed—first by Dr. F., then by myself—when we found undoubted evidence of sugar, in considerable quantity, in his water, by means of Trommer's, Boettger's and Moore's tests, and the fermentation test. A careful measurement of his water showed that he was voiding nine pints per twenty-four hours, which was far beyond all expectations from previous representations. It was further elicited that he had been afflicted with an excessive flow of urine most all of the previous summer, during which time he had felt listless and indisposed to work, always becoming tired very soon. His weight was now one hundred and seventeen pounds; average weight, one hundred and thirty-five pounds.

Having the diagnosis now clearly made out, it was at once determined to put him on the sulphide of calcium and Pavy's antidiabetic diet. This decision was made in view of the very fatal results from this disease, under any course of treatment that had ever been adopted, except the report of a very few cases of recovery under the use of this sulphide. (See Medical and Surgical Reporter, Vol. XXXIV, page 97, 1876; and same journal, Vol. XXXV, pages 398 to 400.) These cases were reported by Drs. Scatlif, of England, and C. C. Cranmer, of Saratoga, New York. These cases, coupled with a commendable report of the value of the sulphide of calcium in this disease, by that excellent authority, Sidney Ringer, referred to in the Reporter, but never seen by me, and a brief note of its value by an Italian physician, were sufficient to cause me to come to this decision promptly, though in doubt of its value. I, therefore, placed the patient on sulphide of calcium, two grains every four hours, and Pavy's antidiabetic

diet, which is as follows: "Butcher's meat of all kinds, except liver; ham, bacon, or other smoked, salted, dried or cured meats; poultry, game, shell-fish and fish of all kinds, fresh, salted or cured. Animal soups, broths, beef-tea, not thickened with flour. The almond, bran, or gluten substitute for ordinary bread. Eggs dressed in any way, cheese, cream cheese, butter, cream, greens, spinach, turnip-tops, turnips,* French beans,* Brussels sprouts,* cauliflower,* broccoli,* cabbage,* asparagus,* sea-kale,* vegetable marrow,* mushrooms, water-cress, mustard and cress, cucumbers, lettuce, endive, radishes, celery, vinegar, pickles, jelly, flavored but not sweetened; savory jelly, blanc-mange, made with cream and not milk; custard without sugar; nuts of all descriptions except chestnuts, olives." (Those marked with an asterisk (*) may only be eaten in moderate quantity, and should be boiled in a large quantity of water.) The patient may drink "tea, coffee, cocoa from nibs, dry sherry, claret, burgundy, hock, brandy and spirits not sweetened, soda-water and bitter ale, in moderate quantity; may drink milk sparingly." Pavy then states what must not be eaten or drank; but as the above includes all of what may be used, the other articles must be inferred. (See Pavy on Food and Dietetics, Am. ed., p. 515.)

This treatment was instituted on the 21st day of November, except that toast was allowed until the antidiabetic flour was secured, which was received and its use commenced on the 7th of December. An immediate diminution in the flow of the urine was observable, and a diminished quantity of sugar in that discharged. An increase in his weight was apparent. From one hundred and seventeen pounds, which was his weight November 21st, he gained one pound a day for the first fifteen days, his weight being one hundred and thirty-three pounds, in that time.

Sugar was detected in his urine in progressively decreasing quantities until December 14th, when it contained a trace: a mere trace persisted for two weeks longer. The quantity of urine ran down from nine pints at the commencement to one and a half and two pints by December 15th, and never per-

manently increased above this afterward. The specific gravity of the urine ranged at first from 1026 to 1036, generally standing 1030 to 1032. After a month's treatment it came down to 1020 as an average. Sometimes it was above this, sometimes below.

The tests for sugar in this case were made by the yeast—Trommer's, Moore's liquor potassa test, Boettger's bismuth, carb. soda and nitric acid test; Robert's comparative fermentation test, and the alcohol potash test. (See Bowman's Chemistry, pp. 75-9, 5th Amer. from 4th London ed.) All these tests proved the existence of sugar unmistakably, and proved to us conclusively, by the last of December or early in January, that the urine no longer contained sugar. His diet remained unchanged until February 15, 1877, when a gradual resumption of an amylaceous diet was permitted, and he was put back on the sulphide of calcium, which had been dropped off about a month previous. His weight had gone up to one hundred and thirty-seven and back to one hundred and thirty-four pounds, on the diet above given. Soon after resuming a general mixed diet his weight ran up to one hundred and forty pounds, being heavier than he had ever weighed before at any time. There has been no return of diabetes to this date, now May 1, 1877. This was the first case of diabetes that had occurred in my practice of fifteen years' duration, and of course I was happy, as was also Dr. Fisher, to observe such a happy and unexpected result by a plan of treatment so easy of execution.

Case II. M. M., aged fifty-two, came to my office January 2, 1877, to be treated for urinary trouble. He is of a nervous-sanguineous temperament, of general good health for many years, until within the last two; height, five feet eight inches; former weight one hundred and sixty-five pounds, weight now one hundred and forty pounds; habits semi-sedentary, very temperate and regular. He stated that he was then, and had been for two years, troubled with a morbid flow of urine which was very annoying and troublesome; and that it is now, and had been causing a loss of weight and strength. The disparity

showed a loss of about twenty-five to twenty-eight pounds of flesh. He seemed still vigorous, but considerably broken down from his former self. He, upon measurement, found that he was making four and a half quarts of urine in twenty-four hours; specific gravity, 1032. Trommer's test showed a tolerably heavy deposit of dark brown ochre. Roberts' test showed that there were twelve grains of sugar to the ounce. All the tests before named proved unmistakably the presence of sugar in abundance. He was put upon the sulphide of calcium, four grains, three to four times a day, and a mixed diet allowed for the first week, at the end of which time the urine contained eight grains of sugar to the ounce, and the urine was reduced to a trifle over two quarts. Pavy's antidiabetic diet was now enjoined and strictly followed, and when, a week later, he brought a specimen of his urine it showed a specific gravity of 1020, and not a trace of sugar. Though he had not weighed himself, it was evident that he was gaining. But a month after commencing treatment he weighed one hundred and fifty-one pounds. Soon after this a mixed diet was allowed, but there was no return of the disease, nor has there been any to this date.

CHLORAL IN DISEASES OF INFANTS.—Dr. Abelin, physician to the Hospital for Infants, Stockholm, discusses the use of chloral, *Gazette Obstétricale*, May 20:

In feeble infants chloral is much preferable to preparations of opium, as a narcotic or sedative. It has been employed in the trismus of infants at Vienna in 1871, at Prague a little later; but the results were very different, for in the first city four out of five were cured, while in the latter the remedy failed. Monti, of Vienna, has shown that it succeeded only in mild and chronic cases. In two cases, Abelin used it successfully. The Vienna physicians gave six to twelve centigrammes at ten minutes' interval, introducing it, as of course it was impossible to give it by the mouth, by an œsophagus tube passed through one of the nares. But Abelin used twenty to thirty centigrammes by rectal injection. The effect

is almost instantaneous. Idiopathic convulsions and vomiting are also cured by chloral. Even in tuberculous meningitis the convulsions and vomiting are decidedly lessened by it.

It can also be given advantageously in chronic diarrhoea, cholera infantum, in diseases of the nervous system, especially chorea, in bronchial or pulmonary phlegmasiæ, and finally in fevers and infectious maladies. The proper doses by injection are thirty centigrammes during the first fifteen days of life, forty during the third week, fifty during the fourth, and sixty up to the end of the third month.

BILIOUSNESS AND ITS TREATMENT.—This is the title of quite an interesting paper by Dr. Fothergill, in the Medical Times of June 23. In discussing treatment, Dr. Fothergill remarks as follows: The medicinal treatment of biliary disorders next claims our attention. And it may be well to consider first that form of malady known as a bilious attack, and to which dark-complexioned persons of the biliary diathesis are most subject. Rarely do persons of other diathesis and fair persons suffer from those disturbances which may fairly be said to be connected with the presence of bile acids in excess; while as to those forms of biliary disturbance where the urine is laden with lithates—the condition Dr. Murchison calls lithæmia—persons of other diathesis seem equally liable to them, and they are found in fair and dark people alike. For those bilious attacks, then, which occur chiefly in those of the bilious diathesis, nothing is so good as alkaline-saline purgatives taken in some vegetable infusion immediately on getting out of bed in the morning. This should be washed down with some warm fluid which excites the peristaltic action of the bowels, and, if necessary, a vegetable laxative pill should be taken the night before. After a couple of liquid motions, the more copious the better, the bilious person feels pretty equal to the day's work before him. Rochelle salts, with a little sulphate of magnesium in infusion of buchu, forms a most excellent morning purge, in my experience. Sir Joseph Fayrer has found, in his Indian experience, sulphate of mag-

nesium with quinia or gentian, sufficient to produce two or three loose motions, an efficient measure in biliary congestion. Even with miserable anæmic individuals such purgation is necessary, and must precede all attempts to give chalybeates. Bilious persons somehow do not do well with iron. Iron may improve the oxidizing processes in persons ordinarily, but it does not suit persons laboring under biliary disorder; and Sir Joseph Fayrer found it did harm rather than good to anæmic subjects until the purgative plan had been thoroughly followed out, and the liver unloaded, as it is said. Even then purgation is to be maintained to a moderate extent. As long as there is a bitter taste—probably due to taurocholic acid—in the mouth in the morning, the purgation must be continued.

A very important matter in the treatment of biliousness is the question of the administration of mercury. In an ordinary bilious attack a mercurial pill is almost essential, and often free purgation without a mercurial leaves the condition unrelieved until a mercurial is given, when all goes well. This fact is well known clinically. The apparent conflict between this fact and the results of experimentation—that mercury reduces the secretion of bile by the liver—has troubled many persons, but really there is no difficulty in the matter. Mercury sweeps away the bile in the upper bowel, and so brings away bilious stools, especially when an excess of bile is circulating in the intestino-hepatic circulation. Such an action reduced the amount of bile passing out of the gall-duct in animals experimented upon, because it removed the excess of bile going round and round, and thus, apparently, checked the secretion of bile by the liver. Mercury is then a true cholagogue, and its threatened disposition is now averted. Dr. Murchison thinks, too, that mercury has an action in inducing disintegration in the liver, as it helps to remove growths, notably syphilitic gummata and effused fibrin, by rendering the material more easily taken up by the lymphatics. This is a very ingenious suggestion. Certain it is that mercury gives great aid to a liver which is in difficulties, and it is equally certain that if persons who suffer from

biliary troubles take, or have taken, mercury freely, it is impossible to treat them without a little of that agent. It is well, though, to keep the amount low, and to give a pill containing a little mercury at bedtime, and follow it up with an alkaline-saline purge in the morning. It is pretty apparent from clinical observation that mercury is rather indicated when there is an excess of bile acids present. In cases where there is abundance of lithates it does less good, and is apt to do harm if the kidneys are not in their integrity. It is not unimportant to remember this. In all forms of biliousness, too, there is defective oxidation, and mercury and alkaline-salines are often more useful even to patients suffering from coëxistent debility and anæmia than mineral acids and quinia, "the strength, flesh, and color returning under what, at first sight, might have appeared a lowering treatment." Here I entirely agree with Dr. Murchison; and even after mineral acids and tonics are admissible, it is well to maintain the morning purgation. Iron rarely suits these patients, and should be withheld until the liver is once more acting efficiently and has thoroughly recovered its tone. Perhaps of all tonic agents strychnia is the one best adapted to the bilious. It greatly relieves the depression, and it is well to combine it with the nitro-hydrochloric acid.

SLEEPLESSNESS.—A valuable paper upon this subject has been published in parts in successive numbers of the *Archives Générales*, the last of these parts appearing in the June number. The author, Dr. Villemin, presents the following conclusions:

First. Sleep results from a lessened activity of the nerve-cells, consumed in functional work; these physical conditions modify vaso-motor innervation; the afflux of blood diminishing, the activity of the brain is suspended, and repair of nervous elements is effected.

Second. The usual cause of sleeplessness is the persistent activity of central nerve elements under the influence of some internal or external excitement; it may also depend upon an

active congestion of the brain, which maintains functional activity of the cells.

Third. Still more, sleeplessness may be the result of a nervous erethism coinciding with general anæmia, and proceeding from a change of modality of nerve elements.

Fourth. In the treatment of sleeplessness, the cause should first be sought. Temporary sleeplessness may almost always be cured by the observance of hygienic rules.

Fifth. It being impossible, in most cases, to promptly remove the cause of the insomnia symptomatic of acute or of chronic maladies, recourse must be had to hypnotic medicines, at the head of which opium and its alkaloids are placed.

Sixth. Morphia is the most somnific principle of opium; narceia and codeia, less active, do not leave the *malaise* which morphia does. These preparations are especially applicable to the insomnia of pain; they are contra-indicated in cerebral congestion.

Seventh. Bromide of potassium, the hypnotic property of which is much less powerful, is indicated in sleeplessness with excitement of circulation as well as for nervous sleeplessness, when opiates are often inefficacious. It is employed successfully for infants. It is contra-indicated in marked cerebral anæmia.

Eighth. The sulphate of quinia, as the bromide of potassium, seems to exercise upon the nerve elements an action which results in decongestion of the encephalon; and just as these two medicines, so chloroform by the mouth succeeds especially in nervous sleeplessness.

Ninth. Hydrate of chloral is a pure hypnotic, superior from the promptness of its action. It is suitable for almost all cases of insomnia, except where there is great debility, and cardiac disease and dyspnœa.

Tenth. The sleeplessness of the old, and of the enfeebled and anæmic, can be sometimes successfully treated by tonics, wine, ether, bitters and hydrotherapy.

Notes and Queries.

THE TWENTY-EIGHTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—This meeting was held in Farwell Hall, Chicago, on the 5th, 6th, 7th and 8th of June. The attendance was large, nearly seven hundred, more than one-half the members being from the states of Illinois, Indiana, Michigan, Wisconsin, Ohio and Iowa; while you could almost count on your fingers all the delegates from the two Virginias, the Carolinas, Georgia, Texas, Mississippi and Louisiana; Alabama had not a single representative.

Dr. N. S. Davis made the address of welcome on the part of the Chicago profession, and of course he did it most acceptably.

Dr. Bowditch, the president of the association, delivered his inaugural, of which probably the majority heard few complete sentences; to those ten or fifteen seats distant from the stage much of this delivery, as well indeed as many of Dr. B.'s subsequent utterances in his official capacity, became a piece of mere pantomime. So feeble was Dr. B.'s voice, so utterly unequal to filling the hall, that Dr. Davis, who fortunately acted as brevet president, had several times to call the association to order, and his voice was always heard and heeded.

The Chicago papers gave but a meager report of the address, and therefore we were glad to find it in full in the Boston Medical and Surgical Journal of June 7th, although its publication prior to the issue of the Transactions is not in accordance with the usages of the association. Of course the address is ably written. It enters into some special pleading in behalf of the association; but is not the confession sad that the association needs defense, needs vindication? Dr. B.

knows that "the meetings have lost reputation in the eastern and middle states;" he "infers that a similar feeling exists elsewhere, because I notice the absence of some of the prominent western and southern men." Good gracious! was not the west out in large force at Chicago?—and if all her "prominent" men were always to attend the meetings, what would become of the dozen or so representatives that New England sends? As to the south, she has not yet recovered from the blight and desolation of the war, and many of her physicians would gladly come were it not for financial inability. The middle states are, we believe, generally well represented at the association. Possibly the profession of New York City show an inexcusable indifference to the association, few of her representative men attending; but these few are among her best and most eminent, and those who stay away are not acting justly to the many who want to see them and to hear them. We believe the mouths of nine out of ten of the fault-finders could be stopped by a few such questions as, Are you a member of the association? and are you faithful in attendance and in efforts to make it better? Vindication of the association, Dr. Bowditch's able apology, is needed not by the profession at large, but by that of New York City and of New England especially. The fact is Dr. Bowditch, and one or two other gentlemen who propose to govern our national medical organization, ought to join to their study of geography that of arithmetic.

Dr. B. takes ground against "all public or private entertainment, for our whole body, where intoxicating drinks are to be offered." We took the first occasion, an hour afterward at dinner at the Palmer House, to look for a blue or at least a red ribbon upon his coat; but alas! for our hopes, this new apostle of total abstinence was drinking wine.

Various topics are considered in the further progress of this able address, but we hasten on to mention the three objects urged in conclusion. The first of these is the establishment of state boards of health; the second is in reference to the National Medical Library; and the third is as to "the

disposal of the funds which may be collected to keep alive the memory of our great first ovariologist, Caldwell." A New England physician of great ability and deserved eminence writes and utters, and the widely circulated medical journal of New England prints, Caldwell as our great first ovariologist! Reading in the New York Medical Record's report of the proceedings of the sections at this Chicago meeting, erratic for erotic, euphony for euphemism, visible for viable, etc., we hesitate as to which, New York or Boston, presents the more important missionary field for an intelligent proof-reader.

In the general meetings the most important matters were the addresses of the presiding officers of sections—Robinson of Missouri, Hunt of New Jersey, and White of New York—and the pharmacopœia war between Drs. Squibb and Wood.

In the various sections several important papers were presented, such as that by Dr. Cabell, of Virginia, on the Etiology of Typhoid Fever; by Dr. Gray, of New York, on the Relations of Spiritualism to Medical Jurisprudence; and that of Dr. J. B. Black, on the Relation of Heredity to Race Degeneration and Improvement: all three of these being presented the section on State Medicine and Public Hygiene, and no other section, was honored by three as able papers—that by Dr. Briggs on Medio-Bilateral Lithotomy, by Dr. Sayre on Plaster-of-Paris Bandage in Fractured Ribs, and that by Dr. Gilman Kimball on Extirpation of the Uterus.

We believe the net result of the Chicago meeting will be a volume of Transactions fully equal in value, if not very much superior, to that of any preceding meeting.

The nominating committee, of which Dr. S. D. Gross was chairman, elected Dr. T. G. Richardson president for 1878, and selected Buffalo as the place of meeting.

THE AMERICAN GYNECOLOGICAL SOCIETY—SECOND ANNUAL MEETING.—The second annual meeting of the American Gynecological Society was held in Boston on the last two days of May and the first of June. The attendance was good, but we missed a few of the members—the genial and

scholarly Jenks, of Detroit, was not there; nor Mundé, so thorough and accurate in professional knowledge; White, whose noble physical form is a fitting temple for the generous, large soul that dwells within, had his face so set Chicago-ward that he could not spare even a day for Boston; Sims, whose fame has filled the world, and whose personal magnetism is so positive, was not there; Emmet, whose sterling qualities of head and heart are not less remarkable than the modesty behind which he hides so much that is good and valuable, could not come; Trask, whose statistic studies have made his name known everywhere, was detained by sickness; even Thomas, whose fluent utterances with a voice clear as a silver bell, and almost trumpet-like in power, carry such enchantment that hearers must listen and may be convinced will they or nill they, could spare but a day for the society. But still most of the members were present, and present during the entire session.

We have not space to speak of the many papers which were presented, and which, together with the essays from successful candidates for membership—some of these essays being of the highest value—will be published in the second volume of Transactions, a volume which, excellent as the first was, will greatly surpass it; nor can we refer to the able address of the president, Dr. Fordyce Barker, an address chiefly devoted to the medical therapeutics of diseases of women, a subject which has been too much neglected. Nor can we mention the generous hospitalities of the Boston members at their residences, nor the handsome entertainment at the "Brunswick."

The society did wisely in electing Dr. Peaslee president for the meeting of 1878, which will be held in Philadelphia the second week of September.

The following gentlemen were elected members: Dr. Goodman, of Louisville, Ky.; Dr. A. Dunlap, of Springfield, O., and Dr. T. A. Reamy, of Cincinnati; Dr. A. Reeves Jackson, of Chicago; Dr. John P. Reynolds, of Boston; Dr. Garrigues, of Brooklyn, and Dr. Kimball, of Lowell.

The society now seems firmly established in its work as well as in the general respect of the profession; and for its present prosperous condition let due credit be given its first president, Dr. Fordyce Barker, and its indefatigable secretary, Dr. James R. Chadwick.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting of this association was held at Chicago on Monday evening, June 4th. Dr. H. C. Wood, the president, delivered an able address, pointing out the way in which, in his belief, medical journalism could become a greater power for the improvement of medical education and the advancement of the profession. Dr. Wood, not less able than bold, not less aggressive than progressive, did not find all his positions sustained by his associates; Dr. Davis, for example, gave a qualified indorsement, and Dr. Murphy sharply criticized some of them. We hope Dr. Wood's address will be published in full.

As an illustration of the mixed drinks that newspaper reporters make of medical matters, we give the following extract from the Chicago Tribune's account of the Editors' meeting: "Dr. Bell, editor of the Sanitarium, declared that the eclectic and homœopathic journals were much more ably edited than the regular papers." Dr. Bell does not edit any Sanitarium, and he did not make any such untruthful statement, but merely said that these publications were united, made common cause in any special effort, while those of the regular profession did not thus act in concert.

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.—This association convened in Chicago on the 2d of June. Articles of confederation were adopted, which, if comparison may be borrowed from *materia medica*, are certainly not narcotic, but some are tonic, others will, we hope, prove diffusible stimulants; some will be found so terribly bitter and astringent, that a few of the colleges we fear will abandon treatment before a cure is effected, while the general effect of the entire

self-administered dose will be a brisk and thorough purgation. Twenty-three colleges have subscribed these articles; but where are, if not the ninety and nine, at least the twenty-three non-subscribers? If all the medical colleges, or four-fifths, unite in this organization, we shall have great confidence in its success; indeed, we feel inclined to rise to the rhetoric of one of our contemporaries, and declare that the conclusions of the association will be felt of "epochal moment," though we have only a vague conception of what epochal moment means, but the expression has a grand sound!

LONDON LETTERS—IS THE MEDICAL MILLENIUM AT HAND? Dr. Vinnedge favors us with two letters; our readers will find them well repaying perusal. We do not share in our correspondent's hopeful views as to a union between homœopathy and legitimate medicine. The London homœopathist whose letter is given does not represent the American homœopaths; a majority of whom, we doubt not, will discredit the utterances of their British brother. Homœopaths here are nothing if not homœopaths; and homœopathy—now a monstrous fraud or an absurd delusion—if denying the exclusiveness of *similia similibus curantur*, and the use of infinitesimals, with all the senseless sham of development of potencies by triturations, will be homœopathy no longer; it will be nothing—not even a respectable corpse to be buried out of the way of the living.

LONDON, May 28, 1877.

Dear Sir: In the midst of so many changes, the last following apparently so quickly upon its successor, one can only hope to possess at best a general knowledge of medical news.

In my last letter to your address, I stated that Prof. Lister had positively declined the chair of clinical surgery in King's College, made vacant by the death of Mr. Fergusson. So he had; but last week he was, by some means unknown to any except the council of the college, induced to change his mind. He has accepted the offer, and will at an early day take up his residence in London. King's College will now, like Uni-

versity College, enjoy two chairs of clinical and one of systematic surgery. Mr. Lister will have two wards set apart for his patients, in order that the merits of his antiseptic surgery may be fully and freely tested; and in order to increase the hospital accommodations, as it is believed the changes in the staff will increase the demand for ward-room on the part of the sick. If the antiseptic is so superior to other methods of surgical practice as Mr. Lister claims it is, it should have more friends in London to urge its advantages. The only surgeons I have seen use it in London are Mr. Heath, University College, Mr. House, Guy's, Mr. Cowper, London; Mr. Bryant, Mr. Mason, Mr. Wells, and indeed all the others, say nothing at all about it. So when Mr. Lister comes, he will certainly be called upon to wage a war in its behalf, if it shall enjoy the success he desires and expects it to.

Week before last, the annual convocation of the medical graduates of the University of London was held. About the only question of general interest with which this body dealt was that of the admission of women to the University examinations for degrees in medicine. The discussion of this question was a spirited, though somewhat tedious, one. Sir Wm. Jenner, Drs. Wilkes, Wilson Fox, Barnes, and others, spoke in opposition to the movement; while Dr. Bastian was the only teacher of medicine who favored it. As Wilson Fox's speech sums up most forcibly and clearly the opposition side of the question, I may furnish a copy of it. He said:

"It is a fallacy that women desire to be attended by women; and, further, it was physically impossible for any woman to undertake the duties of a large country practice. The only result would be to admit a few *dilettanti* practitioners into a few great towns. He would say nothing as to intellectual ability; but he maintained that the woman of civilization and culture had not the physical health to practice in country districts, where it was often necessary to rise at night and ride for miles to attend on women in their time of greatest need. The effect of the admission of women to the medical degrees would be to deteriorate the profession and the University. It would stop the inflow of male candidates. He had himself been always proud to belong to the University of London; but were this step taken by the senate he would have to seek elsewhere for a degree, for he could no longer belong to a University which submitted to such a degradation. So strongly did he feel this that only the other day he advised an intending can-

didate not to try for the London degree, but to go by preference to another University. He gave his advice as he should have acted himself."

Toward the close of the discussion the meeting became noisy, and a division was loudly called for. The vote was finally taken, the result being a decisive refusal, on the part of the council, to admit women to either the examinations or the degrees in medicine. So the friends of this movement were badly defeated in what they regarded as one of their strongholds. What the effect of this defeat will be on the future of the question in England, can only be determined by time. However, it is believed that the friends of woman's rights will not again seek favors through the medical graduates of the University.

In connection with the reading of this report, it must be remembered that no one can practice medicine or surgery in the United Kingdom, according to law, unless he be a licentiate of Apothecaries' Hall, a graduate in medicine of one of the universities, a member of the College of Physicians and Surgeons, or a fellow in the College of Surgeons. A violation of the law is followed by a fine, and a repetition of the offense by a fine and imprisonment. The law that regulates the practice of medicine and surgery, has also the wholesome effect to confine the druggist and chemist to his legitimate business, to restrain within due bounds the sale of patent medicines, and cuts off itinerant quacks entirely. As an illustration of the effect of this righteous law on those who abuse the good name and gifts of the profession, I may cite the disposition of a case before the General Medical Council, sitting in London last week:

"The council then took into consideration the case of Thomas Richardson, of Millom, who had been summoned to show cause why his name should not be erased from the register, on the ground that the entry was 'fraudulently or incorrectly made.' Mr. Richardson was represented by Mr. Myers Meekin, solicitor.

"Mr. Ouvry, the solicitor of the council, stated the particulars of the case. It appeared that Mr. Richardson had been registered on the strength of a diploma of M. D. from the Metropolitan Medical College of New York. The diploma stated that the holder had attended lectures during the full time required, and had passed a creditable examination, the fact being that Mr. Richardson had not been

in America at the time mentioned. It was stated that several other practitioners had been struck off the register on similar grounds, holding diplomas of the same body. Mr. Ouvry mentioned that there was some evidence that Mr. Richardson had been connected with an agency in the Isle of Man for granting degrees to practitioners. He further stated that under the medical act foreign diplomas could only be registered if the holders had been practicing in England 'as physicians' before the passing of the act, whereas Mr. Richardson had only kept a shop and sold medicines.

"Mr. Meekin addressed the council in behalf of Mr. Richardson, who, he said, was not only a client but a valued personal friend. He said it was not obligatory, but only discretionary, on the part of the council to remove names incorrectly entered; and he appealed to the council not to exercise its discretion against his aged client, who would be reduced thereby to a state of abject poverty. Mr. Richardson had from early youth had a great desire to practice medicine, but had not the means of obtaining the necessary education. He received, however, instruction from some practitioners in Cheadle, and afterward conducted a school, so that he was not an ignorant and uneducated man. While at Birmingham he became acquainted with some persons connected with the American College, which was a chartered body and qualified to grant degrees. A branch of the College was established at Birmingham, from which he obtained a diploma in 1857. Dr. Hawkins had taken a long time to make inquiries on the subject, and had then entered Mr. Richardson's name on the register. With regard to the advertisement issued from the Isle of Man, although Mr. Richardson's name was affixed to it, he absolutely denied having any connection with it. He had practiced in the United Kingdom for seventeen years; and in Dundee he had received a voluntary testimonial from his patients, many of whom were in a good position in society. He had practiced for some time in Willom, where he (Mr. Meekin) was coroner, and had labored assiduously and effectively among his patients. It was a singular coincidence that an interval of ten months had elapsed between his arrival at Willom and the holding of any inquest. It was, therefore, evident that his medical attendance had not had any detrimental effect on the health of the inhabitants. No inquest had ever been held in Willom on any patient whom he had attended. He should have no hesitation in calling in Mr. Richardson to attend the members of his own family.

"Dr. Wood inquired why so many years had been allowed to elapse before taking any proceedings in the matter.

"Mr. Ouvry stated that in 1861 two persons had been struck off the register, because they had been incautious enough to send in their diplomas. The gentlemen who had since been implicated were wise enough not to do so. He had endeavored to summon two other practitioners besides Mr. Richardson, but they could not be found. A great stir had lately been made on the subject, and hence the Branch Council had instructed him to take the matter in hand.

"Dr. Wood asked what was the precise nature of the charge?

"Mr. Ouvry replied that of procuring himself to be registered on a diploma that stated that which was not true; and also of stating that he had been practicing in England as a physician before 1858.

"Dr. Humphry said it did not follow that a fraud had been committed because the diploma contained an inaccurate statement.

"Sir D. Corrigan said that the council had got into a 'scrape.' The only thing that could be said was that the College in New York had told a lie."

Some further questions having been asked and answered as to the facts in the case, the council deliberated in private, and finally decided the name should be dropped from the register. And this, too, was a just judgment, and will surely meet with the most cordial approval on the part of American physicians. It is very desirable that every American attempting to obtain practice, either in England or on the continent, through the assistance of a diploma not obtained lawfully, should meet with exposure and failure. If tourists on this side the Atlantic should require the services of a physician, it would be well for them to select with much care in order to avoid impositions. The acts of bad men in the profession are most hurtful to the public. But, thanks to the American Medical Association and the labors of so many worthy men at home, the character of the profession abroad is not, so far as I am able to ascertain, seriously affected by the actions of charlatans, if indeed it is affected at all.

Through kind letters of introduction from Prof. Simpson, of Edinburgh, I have enjoyed the privilege of visiting the wards of the Samaritan Free Hospital for Women, and the Soho Square Free Hospital for Women. So far as I am able to ascertain, the latter offers the best opportunities for the general study of diseases peculiar to women of any institution in England. Here one has the pleasure of meeting Dr. Protheroe Smith, and his son, Dr. Heywood Smith. The latter will, about September next, issue from the house of J. and A. Churchill, a work on the diseases of women and children. I sincerely hope it will meet with a good sale in America. He thinks it will meet with favor among our people if it has merit. The readers of the *American Practitioner* will soon have an opportunity to make his acquaintance as a writer, as he has promised to contribute a paper on extra-uterine pregnancy. The paper will furnish in detail the notes of a case

that occurred in his hospital practice last week. Dr. Heywood Smith thinks Dr. T. Gaillard Thomas's work on Diseases of Women the best systematic work on that subject in the field. He also admires Dr. J. Marion Sims—says his uterine sponge and cotton-holder is the best he knows of; while he has been anticipated in certain improvements in the use of the ring pessary by Dr. Albert Smith, of Philadelphia.

Of course I have seen Mr. Spencer Wells operate—in all six times. There was nothing unusual in any of the cases, except in that of a lady apparently forty years of age. She suffered double ovarian disease, the ovaries being enlarged to the size of an orange and a cocoa-nut. In addition to the ovarian disease, there was a uterine fibroid, of the size of an English apple, attached laterally to a somewhat enlarged organ. Nature was left to work a cure for the fibroid, while both ovaries were removed. In the smaller tumor the pedicle was dropped back into the cavity, while in the larger it was clamped at the surface of the body.

It would be idle for me to attempt to praise Mr. Wells as a surgeon. I can only speak of the glimpses I have had of his great life-work, and of what I hear of him in his professional relations. One of his assistants told me he had made eight hundred and sixty ovariectomies; that he makes three or four weekly, and the number of his operations weekly is increasing from year to year. Rumor says "he does not lift a knife for less than one hundred guineas." Surely Mr. Wells has not found the profession barren in any of the essentials of happiness in a man's business life. He is fifty-nine years of age, about six feet in height, a blonde, grayish-blue eyes, slightly bald, a round ruddy face, a white bunch of whiskers on either side of his face, and will weigh about one hundred and ninety pounds. He talks but little, and when he does speak you hear a full, manly, kindly voice. I learn through the Times yesterday that he, last Wednesday, removed from the body of M^{lle} Titiens, the singer, her ovarian tumor; and what is better, that the patient, after six days, promises a speedy recovery.

The hour for operating in the Samaritan Free Hospital for Women—Mr. Wells's and Dr. Routh's—is half-past two in the afternoon. I have seen neither of those gentlemen use a drainage-tube in any of their operations, nor do they use uninterruptedly any one anæsthetic. Before any one is admitted to witness an operation, he is required to sign the following pledge: "We, the undersigned, have not attended a post mortem examination, nor visited a dissecting-room, nor been exposed to any infectious disease, within the last seven days." If you are able to sign this, you receive an ivory chip, which enables you to pass the porter on the landing up-stairs, and so enter the theater.

W. W. V.

LONDON, June 2, 1877.

I hasten to send you a copy of the correspondence that has just taken place between Dr. Richardson, F. R. S., and Geo. Wyld, M. D., vice-president of the British Homœopathic Medical Society, and which was yesterday published in both the *Lancet* and *Times*. So far as I am able to ascertain, the step this correspondence proposes meets on all sides with the warmest favor in the profession in London; and I hope it will be received and acted upon equally promptly in America. The most moderate thing one can say of it is that it is most manly and courageous. Both these gentlemen are deserving of the highest praise, especially Dr. Wyld, the aggressor.

I hope and believe this declares the decline and early extinction of sectarianism in medicine. Many of us, so obscure as to be scarcely permitted to speak of a wrong or wrongs, much less take a step in advance of the body of the profession, welcome most cordially the action of these gentlemen and the deliverance it promises, through reconciliation, of much that is obsolete in the practice and ethics of medicine.

It will be noticed in the very important letter of Dr. Wyld, that he says: "A large number of our body (British Homœopathic Society) have objected in a memorial to the title 'homœopathic school;'" "that our best books eliminate the name 'homœopathy' from the title-page;" and "it is now

the practice to make frequent use of all remedies of a simple kind, such as occasional aperients, anodynes, opiates, anæsthetics, tonics, galvanism, hydropathy, Turkish baths, and mineral waters."

Is not this a first-class statement of the practice of qualified practitioners everywhere? From conversations, and from personal observation, I think it describes the practice of competent men in the different schools in Indiana at this time. If this be true, is not the "gulf" that prevents friendly and professional intercourse in this state, as well as in other states in the Union, an imaginary one? I hope and believe it is, and that it will soon be healed.

W. W. V.

Dr. Richardson writes as follows in the *Lancet*:

"In the course of the past twenty-seven years, I have sat down more times than I can remember to write some paper—leader, review or essay—for the *Lancet*. I have always felt a pleasure in these tasks, but never a sincerer pleasure than I experience at this moment in writing the present communication, and in sending with it the letter to which, and to the objects of which, I would specially ask the attention of the profession. The author of the letter is Dr. Wyld, the vice-president of the society known as the British Homœopathic Society. I have known Dr. Wyld, personally and by repute, since I have been in London; and although differences of view on matters of medical science and art have separated us from all professional intercourse, I have always considered him a gentleman of extended knowledge, good taste, and truthful nature.

"The origin of this letter was in the following manner: On the eleventh of the present month Dr. Wyld called on me to express a wish that some steps might be devised to make up the breach that has so long existed between the members of his school of physic and the main body of the professors of medicine. I told him I had once before been honored by a similar confidence, but feared that the division of opinion and practice was too wide and deep to allow of success to any such important effort as he suggested. I explained that we, who form the main body of physic, were not likely to change our views in the slightest degree; and that I supposed there was among professed homœopathsists no such modification of view in respect to homœopathy, and the rigid doctrine conveyed by the term, as would lead to a healing action on their part. I also expressed that on the subject of infinitesimal doses and globules, the difficulties of union between us seemed to be still insurmountable.

"In reply, Dr. Wyld explained his views with the most perfect candor, and with so much difference of expression from what I expected, that I asked him to be good enough to commit his views to writing. This request he has been so kind as to carry out in the letter already referred to, and which is herewith, with his permission, subjoined:

“GREAT CUMBERLAND PLACE, May 25, 1877.

“DEAR SIR: With reference to the conversation I recently had with you concerning the advantages which might result if it were possible to abolish all sectarianism and its accompanying heart-burnings from the profession, I now, at your request, submit my views in writing, feeling convinced that you will, in a friendly spirit, give the subject your serious consideration.

“In the first place I must state that Hahnemann, in 1806, published in the pages of Hufeland's *Journal* his essay entitled ‘The Medicine of Experience.’ In this essay no mention was made of homœopathy, and the doses he recommended were tangible, not infinitesimal. The violent opposition this essay met with from the profession induced Hufeland to decline further communications in his journal from Hahnemann; and the effect of this treatment was to drive Hahnemann deeper and deeper into his peculiar views, until at last in his old age he often expressed extreme and intolerant opinions regarding the profession generally, but especially in relation to the question of the dose. Unfortunately many of the converts to the new system imitated the master more in his intolerance than in his genius, and this naturally led to those reprisals on the part of orthodox medicine, which in this country culminated in 1851, when the British Medical Association met at Brighton, and passed a resolution that ‘it was derogatory to its members to hold any intercourse with homœopaths.’ From that day we have been ostracized by the profession, and branded as aliens to whom no professional countenance could be shown.

“Since 1851, however, great changes have occurred in this country on both sides of the medical question. Many men have risen in the ranks of medicine who have renounced all the heroics of the past in the treatment of acute disease; while the so-called homœopaths have, on their side, almost entirely abandoned the use of globules, and have substituted doses in a tangible form, their rule for the dose being, in effect, to give a dose sufficiently large to effect its purpose, but not so large as to discomfort or weaken the patient. Further, we find that, whereas the early homœopaths denounced all auxiliaries in the treatment of disease, it is now the practice to make frequent use of all remedies of a simple kind, such as occasional aperients, anodynes, opiates, anæsthetics, tonics, galvanism, hydropathy, Turkish baths, and mineral waters. In short, we define our practice as rational medicine, including the operation of the law of contraries, but *plus* the application of the law of similars.

“Beyond all question, the abandonment of heroics on one side, and the adoption of tangible remedies on the other side, has, to common observation, brought the two schools into a close juxtaposition. And the question, therefore, presents itself, can that ostracism, which might by some be considered justifiable in 1851, hold good with any justice under the altered circumstances which now exist?

“To this question you may reply, ‘We do not ostracize you because you prescribe medicines according to a specific rule, nor because you prescribe them in an unusual form; but we deny you professional intercourse because you proclaim yourselves sectarians, and by means of books, journals, societies, and hospitals, advertise yourselves homœopaths.’ To this we answer, that we do not desire so to publish ourselves; we do not write homœopaths on our door-plates;

many of our best books eliminate the name homœopathy from the title-page; and, as a recent example, a large number of our body have objected, in a memorial, to the title Homœopathic School.

"We say, admit us on equal terms to your medical societies, and to the pages of your journals, and all sectarianism will begin from that day to decline; and this I believe will ultimately lead to the abandonment of all sectarian societies, journals, and hospitals. In a word, we demand the same liberty of opinion in medicine as in religion or politics, and an amalgamation with the great body of the profession on equal terms. If this were granted, we can see solid advantages to the profession on all sides, an increase in the amenities and dignity of medical life, and a higher professional status for all in the estimation of the public.

"To recapitulate: We admit, first, that the views expressed by Hahnemann are often extravagant and incorrect. Secondly, that Hippocrates was right when he said, 'some diseases are best treated by similars, and some by contraries;' and, therefore, it is unwise and incorrect to assume the title homœopathist. Thirdly, that although many believe that the action of the infinitesimal in nature can be demonstrated, its use in medicine is practically, by a large number in this country, all but abandoned.

"On these grounds, and maintaining that we are legally qualified medical men and gentlemen, we claim the right of admission to your medical societies, and to professional intercourse with the entire medical body. In conclusion, I must beg to remark that, although this letter must be regarded as non-official, the sentiments it expresses are, I believe, held by a large number of our body.

"Believe me, yours sincerely,

GEORGE WYLD, M. D.'

"To my mind this very important letter does, indeed, offer a means for bringing about a reconciliation which, presumably, few of us who have reached the middle period of medical life ever expected to see in our time.

"When from the ranks of those with whom we have been so long, and as I still believe righteously, at variance, an acknowledged and respected leader steps boldly forward and tells us that he accepts what the Father of Medicine taught, the law and practice of treatment by contraries as well as by similars; that he practices by no special dogma, but by all rational methods; that he admits the use, in practice, of aperients, opiates, anæsthetics, and the other instruments of cure in daily use by ourselves; that he acknowledges the progressive work of medicine as a whole, and makes that acknowledgment under a keen sense of the advantages which must ensue from the removal of the long standing schism in the medical fraternity—the act, as it seems to me, is so manly and so peace-bearing, that it demands at least a truce for honest and hearty consideration.

"The additional fact stated, to us at least, for the first time, that many of the leading men of the so-called homœopathic school are anxious to give up, as a misleading title, the very term which has individualized them in the public eye, and to practice in a manner conformable with the wants and wishes of all rational practitioners of the healing art, is itself sufficient to demand from us a candid and just appreciation.

"My task is now done. I present it under a sense which I hope always animates me, that, come of it what may, its presentation is a duty. No one has

waged war against homœopathy as a distinct practice more keenly, or persistently or openly, than I. No one has been more specially picked out for criticism by the homœopathic publicists than I. So much the more is it my duty respectfully to ask the brethren with whom it is my honored privilege to live and labor, to accept this intended message of peace and good will in the spirit in which it is written and offered."

RECENT REPRINTS.—*The Prophylactic Treatment of Placenta Prævia*, the admirable paper by Prof. T. Gaillard Thomas, in the May number of the *American Practitioner*, has been issued in pamphlet form; so, too, has the *Report on Diseases of the Skin* to the Kentucky State Medical Society by Dr. L. P. Yandell, Jr., which was published in our last month's number. These two papers, each in a most important department of medicine, and each from the hand of a master, are among the most useful contributions—the one in obstetrics and the other in dermatology—that either of these departments has recently received. Their careful perusal will abundantly reward any member of the profession.

"*The Significance of Pus in Ovarian Fluids*," by Dr. James R. Chadwick, is a reprint from the Medical and Surgical Reports of the Boston City Hospital. Dr. Chadwick, from the careful study of a case of ovarian cyst which had been repeatedly tapped—the firstappings revealing no pus, while subsequent ones did, the patient dying after the ninth ovariocentesis—and from post mortem examination, draws the following valuable conclusion, that pus in the fluid taken from an ovarian cyst is, in the absence of symptoms pointing to acute inflammation, pathognomonic of ulcerative action in the cyst.

TO SUBSCRIBERS.—Gentlemen, please bear in mind that this is the commencement of the second volume of the *AMERICAN PRACTITIONER* for 1877—an excellent opportunity for you to add subscribers to the list, an addition which will now be gratefully received, and can never be regretted by any one. May we not also hope that every one who is in arrears will at once remit to the publishers? These two things done, the journal will enter upon the most prosperous and useful period of its career.